

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24827

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township Cape Girardeau Primary Registration District No. 5009
City 260 Cape Girardeau (No. St. Francis Hospital)
2. FULL NAME Bernice Fisher
(a) Residence, No. Portageville Mo. St. Ward. Portageville Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

File No. _____
Registered No. 265
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 23, 1939</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>6</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Portageville</u> <u>Missouri</u>		
13. NAME <u>Infant</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Portageville</u> <u>Missouri</u>		
15. MAIDEN NAME <u>Marnie Lee Larue</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Immerse</u>		
17. INFORMANT (ADDRESS) <u>Bernice Fisher</u> <u>Portageville, Mo.</u>		
18. BURIAL CREMATION, OR REMOVAL PLACE <u>Portageville, Mo.</u> DATE <u>8/9</u> 19 <u>40</u>		
19. UNDERTAKER (ADDRESS) <u>La Forge and Co.</u> <u>Portageville, Mo.</u>		
20. FILED <u>8-8-1940</u> <u>J.M. Thompson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1940, to Aug 8 1940
I last saw her alive on Aug 8 1940. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:
Ileo Colitis
Date of onset 8/1/40

Other contributory causes of importance: 11 hrs.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify _____
(Signed) J. Cochran M. D.
(Address) Cape Girardeau, Mo.

