

JUN 3 1935

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

Do not use this space.

14114

1. PLACE OF BIRTH

County St. Francis

Registration District No. 775

Township Perry

Primary Registration District No. 6020

City Boonville Mo. (No. _____)

File No. _____

Registered No. 26

St. _____ Ward _____

2. FULL NAME

Zoe Desloge Fite

(a) Residence, No. _____ St. _____ Ward _____

(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zoe Fite

22. I HEREBY CERTIFY, That I attended deceased from April 9 1935 to April 18 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1, 1873

I last saw h. or alive on April 18 1935 Death is said to have occurred on the date stated above, at 10:55 P.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 63 2 17

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. House wife
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) _____ 11. Total time (years) spent in this occupation _____

Tuberculosis caused by
Typhoid adenoma of the
1889?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Missouri

Other contributory causes of importance: bi

13. NAME Samuel Rose

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Missouri

What test confirmed diagnosis? Gram stain Was there an autopsy? no

15. MAIDEN NAME Susan Casey

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tennessee

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT Z. F. Fite (ADDRESS) Boonville, Mo.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE P.V. Cemetery DATE 4/20 1935

Nature of injury _____

19. UNDERTAKER Benhard Mort. Co. (ADDRESS) Boonville, Mo.

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED 4-20-35 19____ N. W. Hawkins Registrar.

If so, specify T. W. Hawkins, M. D. (Signed) _____ (Address) Boonville, Mo.

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.

