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

Do not use this space.

21797

1927 PLACE OF DEATH

County Johnson

Township Warrensburg

City (No. , St. Ward)

Registration District No. 4-4

Primary Registration District No. 5-5-98

File No. 35

Registered No.

2. FULL NAME Dr. F.M. R. Fishback

(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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	W

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Mrs Lula Fishback

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ky.

PARENTS

10. NAME OF FATHER Michael Fishback

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) France

12. MAIDEN NAME OF MOTHER Sarah de Wacon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Va

14. INFORMANT Geo. Lester Fishback
(Address) Warrensburg Mo.

15. FILED 8/8 1927 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25th 1927

17. I HEREBY CERTIFY, That I attended deceased from July 22 1927, to July 25 1927 that I last saw him alive on July 28 1927, and that death occurred, on the date stated above, at 8:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute dilation of heart
934
9816
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) myocarditis acute
(duration) 1 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Wm G Patterson, M. D
July 26 1927 (Address) Warrensburg Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Liberty Cemetery
DATE OF BURIAL July 27 1927

20. UNDERTAKER Sweeney-Core
ADDRESS Warrensburg Mo

B.—By [illegible] ad. ACK[illegible] [illegible] [illegible] [

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Johnson — Registration District No.: 431 — File No.: 33
Township: Warrensburg — Primary Registration District No.: 3-5-88 — Registered No.:
City: ..... (No. ..... St. ..... Ward)

2. FULL NAME Dr. M. L. Fishback

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Lula Fishback

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 4 - 1854

7. AGE: Years 72 — Months 11 — Days 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Ky

PARENTS
10. NAME OF FATHER: Michael Fishback
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): France
12. MAIDEN NAME OF MOTHER: Matilda Wagner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Va - U.S.A.

14. INFORMANT: Mrs Lula Gickson
(Address): Warrensburg Mo

15. FILED: 9-8 1927 — Wm R Patterson — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 25 - 1927

17. I HEREBY CERTIFY, That I attended deceased from July 22 - 1927 to July 25 - 1927 that I last saw alive on July 23 - 1927 and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilation of heart
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): acute Myocarditis
(duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) Wm R. Patterson, M.D.
Dec 12, 1927 (Address) Warrensburg Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Liberty Cemetery — DATE OF BURIAL: July 27 1927
20. UNDERTAKER: Sweeney - Gore — ADDRESS: Warrensburg Mo

SUPPLEMENTARY

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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