

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

Do not use this space.

30111

1. PLACE OF DEATH

County.....Buchanan.....

Registration District No. 85

Township.....

Primary Registration District No. 1001

City.....St. Joseph.....

(No. 2418 Patee Street)

File No.
Registered No. 1056
St. Ward)

2. FULL NAME Joseph Fisher

(a) Residence. No. 2418 Patee street St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Margaret Fisher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6, 1851

7. AGE

YEARS
78

MONTHS
2

DAY
3

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....retired dairyman farmer.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

Switzerland

PARENTS

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

Unknown

14. INFORMANT Mrs. Margaret Fisher

(Address)

2418 Patee

15. FILED 21 1929

John G. Juby
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 27 1927, to Sept 9 1929.

that I last saw him alive on Sept 9, 1929, and that death occurred, on the date stated above, at 2-45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Bladder
510
1530

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY)

Bed sores

(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 20 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Charles W. Kerner

Sept 10 1929 (Address) 315 Kirkpatrick Bldg

*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

DATE OF BURIAL

Mt. Olivet Cemetery

Sept. 12 1929

20. UNDERTAKER

ADDRESS

H. R. Siedenfaden

1802 Union St.

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

