

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.

38560

85

PLACE OF DEATH

County Buchanan

Registration District No.

Township

Primary Registration District No.

City St. Joseph

(No. St. Josephs Hospital)

File No.

Registered No. 1289

St. Ward

2. FULL NAME Anna Elizabeth Fisher

(a) Residence. No. St. Ward. R. F. D. DeKalb County 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. 15 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Lewis M. Fisher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 6 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-wife
(b) General nature of industry, business, or establishment in which employed (or employer) Own home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Hurlinger
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Michael Wiedmaier

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

12. MAIDEN NAME OF MOTHER Magdalena Kessler

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

14. INFORMANT Lewis Fisher
(Address) R. F. D. New Hurlinger Missouri

15. FILED 2 1930 John G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 1 19 30

17. I HEREBY CERTIFY, That I attended deceased from November 7, 1930, to Dec 1, 1930.
that I last saw h. ST alive on December 1, 1930, and that death occurred, on the date stated above, at 6 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
1327
1327 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Septic Hyperemia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF BIRTH New Hurlinger

DID AN OPERATION PRECEDE DEATH? No DATE OF No
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Cerebral
(Signed) Frank H. Hargrave M. D.

Dec. 1, 19 30 (Address) Therapeutic 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

New Hurlinger Mo.
Seven Dolores Cemetery

20. UNDERTAKER H. D. Sidney

Dec. 3 19 30
ADDRESS
1802 Union St.

