

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

Do not use this space.

17611

1. PLACE OF DEATH

County Franklin
Township Union
City (No.)

Registration District No. 296
Primary Registration District No. 5413

File No.
Registered No.
St. Ward

2. FULL NAME William B Fischer

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 28 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>81</u>	<u>5</u>	<u>26</u>	<u> </u>	<u> </u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Gildehaus
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Dont know

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

12. MAIDEN NAME OF MOTHER Dont know

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

14. INFORMANT William B Fischer
(Address) Gildehaus, Mo.

15. FILED May 24 1931 E. A. Starbuck
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24 1931

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1931, to May 24, 1931, that I last saw him alive on May 23, 1931, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ch. Myocarditis
Senility
99c
1110 (duration) Indefinite yrs. mos. ds.
CONTRIBUTORY Terminal pyelonephritis pneumonia
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH his home

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS physical findings
(Signed) C. S. Denney, M. D.

May 24, 1931 (Address) Union, 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 St. Johns Catholic Church Cemetery Gildehaus, Mo. DATE OF BURIAL 5/26 1931

20. UNDERTAKER Union Furniture ADDRESS
By Wm. H. Stone Union, Mo.

WRITE FULLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 25

JUN 25 1931

PARENTS

