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

Do not use this space.

34347

File No.

Registered No. 1060

1. PLACE OF DEATH
County Jackson. Registration District No. 399
Township Lee Primary Registration District No. 3002
City K C Mo. (No. Mercy Hospital St. Ward)

2. FULL NAME Robt Lee Fisher
(a) Residence. No. 2548 Summit 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-26-31

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	0	1	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Gen.
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) K C
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Robert Fisher
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Gladys Wolfelt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kansas

14. INFORMANT Father Fisher
(Address) 2548 Summit

15. FILED 10/5, 1931 M. M. Lemone
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 — 5 1931

17. I HEREBY CERTIFY, That I attended deceased from 10-4-31, 19..., to 10-5, 19 31, that I last saw h. alive on 10-5, 19 31, and that death occurred, on the date stated above, at 6 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Marasmus.
(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At Home.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? Yes.
WHAT TEST CONFIRMED DIAGNOSIS? Path. Diag. typic al. 2 Bronchopneumonia
(Signed) C. J. Eldridge, M. D.
10/5, 1931 (Address)

*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
Forest Hill	10 — 7 1931
20. UNDERTAKER	**ADDRESS**
Mrs. C. L. Foster	K. C. 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.