

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

Do not use this space.

**38465**

**1. PLACE OF DEATH**

County Madaway Registration District No. 628  
Township \_\_\_\_\_ Primary Registration District No. 3031  
City Maryville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 102

**2. FULL NAME**

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
56 4 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 13

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

FATHER 13. NAME John Fisher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

MOTHER 15. MAIDEN NAME Martha Ivy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT Jessie Fisher  
(ADDRESS) Maryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam cemetery DATE Nov 4 1931

19. UNDERTAKER Prie Fun Co  
(ADDRESS) Maryville Mo

20. FILED Nov 4 1931 Memie E Clardy  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1931 to Oct 31 1931

I last saw him alive on Oct 31 1931. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Edema of the lungs  
Pulmonary Tuberculosis  
Bacterial Pneumonia last April  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Endocarditis  
Pulmonary Tuberculosis  
Nephritis

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Physician Ex. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Howard R. Jernal D.O. M.D.  
(Address) Maryville, Mo

WRITE PLAINLY, 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.

REC-20 1937

