

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. St. Joseph Hospital)

File No. 4644
Registered No. 499
St. _____ Ward _____

2. FULL NAME Darlene Marie Fisher

(a) Residence, No. 4308 Michigan Ave St. 15 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 6 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29, 1931</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>6</u>	DAYS <u>8</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Kansas City,
(STATE OR COUNTRY) Missouri

MOTHER / FATHER 13. NAME Arthur L. Fisher

14. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Nebraska

15. MAIDEN NAME Adelina M. Schulz

16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) South Dakota

17. INFORMANT Arthur L. Fisher
(ADDRESS) 4308 Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Phillip, So. Dak DATE 2-9-32

19. UNDERTAKER Ereeman Mortuary
(ADDRESS) Kansas City, Mo.

20. FILED 2/8 1932 3:30 P.M. M. LeCom
dear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-32, 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 5th, 1932, to Feb. 7, 1932
I last saw him alive on Feb. 6th, 1932 Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

Intussusception Date of onset _____

Other contributory causes of importance: _____

Name of operation Lapostomy Date of 2-5-32
What test confirmed diagnosis? _____ Was there an autopsy? yes

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? _____
If so, specify _____
(Signed) Jahn W. Waehler, M. D.
(Address) 1424 Professional Bldg.

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.

Engle Watkins.
Hd 7972

Will stay here.