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

Do not use this space. 35589

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 3019 — Registered No. 376
City Independence (No. , St. Ward)

2. FULL NAME Lena Mable Fisher
(a) Residence, No. 718 S Main St., 3 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: Female
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 - 1869

7. AGE: Years 63 — Months 5 — Days 11 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " " 235
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) Long Pt Canada 5

FATHER
13. NAME George B Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England 8 C

MOTHER
15. MAIDEN NAME Isabelle P McTaggart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ont Canada 5

17. INFORMANT Mrs Ella B Allen
(ADDRESS) 718 S Main St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Emporia, Kan. DATE Dec 1 1932

19. UNDERTAKER Otto + Mitchell
(ADDRESS) Independence Mo.

20. FILED Dec 1 1932 H Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/29 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/24 1932 to 11/29 1932
I last saw her alive on 11/28 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:

	Date of onset
Chronic Interstitial Nephritis	7/24/32
131	
131	
99	

131 / 31 (L)

Other contributory causes of importance:
Artery sclerosis

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

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) D J C Russell, M. D.
(Address) 2231 E. 11 St.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD