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.

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

Do not use this space.

37957

1. PLACE OF DEATH

County ..... Registration District No. 191 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10689

City Saint Louis (No. 4228 W. Cook Avenue St. ..... Ward)

2. FULL NAME Mary Fisher

(a) Residence, No. 4228 W. Cook Avenue St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Unknown 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF (OR) WIFE OF~~ Unknown Fisher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1873

7. AGE: Abt. 59 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

Unknown

OCCUPATION

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

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) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flora Mississippi 2

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown 21

MOTHER

15. MAIDEN NAME Elizabeth Winters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mississippi 2

17. INFORMANT (ADDRESS) Mrs Lizzie Mae Carey 4217 A. Kennerly

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Dec. 2nd 1932

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED DEC -2 1932 19 Max C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1932 to Nov. 30, 1932

I last saw her alive on Nov. 29, 1932 Death is said to have occurred on the date stated above, at 4:30 A.M.

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

Acute parenchymatous Nephritis 130. 130

Date of onset 4 mo. ago

Other contributory causes of importance: not known

Name of operation ..... Date of .....

What test confirmed diagnosis? Cus cultation 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) J. A. Flowers, M. D.

(Address) 1711 N. 10th St.