

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.

JUN 23 1933

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

Do not use this space.

17157

File No. _____
Registered No. 150
St. _____ Ward)

1. PLACE OF DEATH

County Marion Registration District No. 577
Township Marion Primary Registration District No. 3079
City Hannibal No. 3016 St. Marion

2. FULL NAME Dean Pinkney Fisher

(a) Residence, No. 3016 St. Marion 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frances Fisher</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 19, 1886</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>2</u>	DAYS <u>27</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Secretary</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Standard Printing Co.</u>		
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)
Hannibal Missouri

13. NAME Phineas Fisher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
not known New York

15. MAIDEN NAME Lucine Pinkney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
not known New York

17. INFORMANT Frances Fisher (Wife)
(ADDRESS) 3016 St. Marion Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE May 18, 1933

19. UNDERTAKER Wm M Smith
(ADDRESS) 202 Brady, Hannibal, Mo

20. FILED May 19, 1933
Colousia
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1933, to May 16, 1933
I last saw him alive on 5-16, 1933 Death is said

to have occurred on the date stated above, at 9:00 a. m.
The principal cause of death and related causes of importance were as follows:

Influenza
118
118
99 A
Other contributory causes of importance:
acute bacterial endocarditis 4-15-33
multiple emboli 5-12-33

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? No
If so, specify _____

(Signed) Howard Sordich, M. D.
(Address) Hannibal, Mo.

