

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

Do not use this space.

**1. PLACE OF DEATH**

916 County St. Louis Registration District No. 7851  
 Township Bonhomme Primary Registration District No. 6.031  
 City Manchester Mo. (No. Manchester Nursing Home St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 17647  
 Registered No. 115-

**2. FULL NAME**

Deane Fisher  
 (a) Residence, No. 1731 W. Big Bend St., \_\_\_\_\_ Ward. Kirkwood Mo  
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen B Fisher  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-27-1891  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 42 7 15  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler maker  
 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 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1933, to May 12, 1933  
 Last saw him alive on May 12, 1933. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Myelogenous Leukemia  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 FATHER 13. NAME John Fisher  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 MOTHER 15. MAIDEN NAME May Cumming  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 17. INFORMANT Mrs Helen B Fisher  
 (ADDRESS) 1731 W. Big Bend Rd  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE 5/16, 1933  
 19. UNDERTAKER Louis H Bopp  
 (ADDRESS) Kirkwood  
 20. FILED 5-18-33 C. E. Barnett Registrar.

Name of operation exc. Lab Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) L. C. Obrock, M. D.  
 (Address) Clayton Mo

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

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