

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

Do not use this space.

**19398**

**1. PLACE OF DEATH**

County **LASCONADE**  
Township **BOEUF**  
City (No. ....) .....

Registration District No. **306**  
Primary Registration District No. **6424**

File No. ....  
Registered No. **8**  
St. .... Ward)

**2. FULL NAME**

**GATTLIEB FISCHER**

(a) Residence, No. .... 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 **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **EMILY FISCHER**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MAY 25 1870**

7. AGE YEARS **63** MONTHS **0** DAYS **29** If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. **Farmer**  
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) (STATE OR COUNTRY) **STOLPE Mo.**

FATHER 13. NAME **LEO FISCHER**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

MOTHER 15. MAIDEN NAME **CHRISTINA GUMPERT**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

17. INFORMANT (ADDRESS) **Geo Fischer**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Stony Hill Cud** DATE **6/27 1933**

19. UNDERTAKER (ADDRESS) **Herr. Blum**

20. FILED **6-25-33** **John Engelbrecht** Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 24 1933**

22. I HEREBY CERTIFY That I attended deceased from **May 27 1932** to **June 24 1933**  
I last saw him alive on **June 18 1933** Death is said

to have occurred on the date stated above at **6:30 P.M.**  
The principal cause of death and related causes of importance were as follows:

**Vascular heart disease (chronic)**

Other contributory causes of importance:

Name of operation **None** Date of .....  
What test confirmed diagnosis? **Physical** Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **None** Date of injury ....., 19.....

Where did injury occur? ....., 19.....  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....  
Manner of injury **None**  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify .....

(Signed) **John Engelbrecht**, M. D.  
(Address) **Stony Hill, Mo**

Date of onset about **May 27 1932**

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

JUN 21 1933

