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

Do not use this space.

OCT 24 1934

File No. 34032

Registered No. 320

1. PLACE OF DEATH

County St. Louis Registration District No. 790

Township Primary Registration District No. 6032a

City Clayton (No. St. Louis Co Hosp St. Ward)

2. FULL NAME Marvin Fisher

(a) Residence. No. Chesterfield Mo 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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-17-1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	2	✓	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Chesterfield
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER DeWitt Fisher

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Caddogap Ark

12. MAIDEN NAME OF MOTHER Elizabeth Mord

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Green County
(STATE OR COUNTRY) Mo

14. INFORMANT Elizabeth Fisher
(Address) Chesterfield Mo.

15. FILED 9/21 1934 Robert J Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/19/34 19

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h.... alive on ....., 19...., and that death occurred, on the date stated above, at 5:20P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sinus thrombosis, lateral, involving both sinuses, caused by infection of both eye-lids, which finally became generalized.

(duration) ....yrs....mos....ds.

CONTRIBUTORY (SECONDARY)

(duration) ....yrs....mos....ds.

18. WHERE WAS DISEASE CONTRACTED At home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Minor DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Luke B. Timon M. D.

9/21, 1934 (Address) 3718 Jennings Rd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Inwood Cemetery	9-22 1934
20. UNDERTAKER	**ADDRESS**
A. L. Baumann	Green County

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.