JAN 14 1935

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

Do not use this space.

1. PLACE OF DEATH

County Audrain

Township Cuivre

City

(No.   , St.   Ward)

Registration District No. 912

Primary Registration District No. 5232A

File No. 41873

Registered No. 45

2. FULL NAME William Fisher

(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 53 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 Edna Fisher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25th 1858

7. AGE YEARS 75   MONTHS 7   DAYS 24   If LESS than 1 day, ...hrs. or .....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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) Louisiana (STATE OR COUNTRY) Missouri

FATHER

13. NAME William Fisher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Dora Izenhute

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Wm Fisher Middletown Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Middletown Cemetery   DATE 12-21-34

19. UNDERTAKER (ADDRESS) Jones & Wells Middletown Mo.

20. FILED 1/2/   19 34 Mattie Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22nd, 1932 to Dec 12th, 1934

I last saw him alive on Dec 19th, 1934. Death is said to have occurred on the date stated above, at 7 45 p.m.

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

Chronic Interstitial Nephritis.

Date of onset

Other contributory causes of importance Chronic Myocarditis

Name of operation   Date of
What test confirmed diagnosis? Urine   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) C. Hirsch   , M. D.

(Address) Middletown, Mo.