

DEC 26 1935 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

36149

1. PLACE OF DEATH

County JACKSON  
Township KAW  
City KANSAS CITY (No. 2911-EAST-67TH)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 6072  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME TRUMAN W. D. FISKE

(a) Residence, No. 2911-EAST-67TH St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 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 MRS. EMMA FISKE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-31-1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
55 5 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SALESMAN  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HAUN-MILLARD COMM. PHOTO  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) GREENSBORO  
(STATE OR COUNTRY) PENNSYLVANIA

FATHER 13. NAME UNKNOWN FISKE

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

MOTHER 15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MRS. EMMA FISKE  
(ADDRESS) 2911-EAST-67TH ST.

18. BURIAL, CREMATION, OR REMOVAL MAUSOLEUM  
PLACE MT. MORIAH DATE NOVEMBER 18, 1935

19. UNDERTAKER D.W. NEWCOMERS SONS  
(ADDRESS) 2111-EAST-9TH ST

20. FILED Nov. 18, 1935 m. m. Crown  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER-16, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 8, 1935, to November 15, 1935  
I last saw him alive on November 15, 1935 Death is said to have occurred on the date stated above, at 3:50 A.M.

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

Acute Endocarditis

72A

Other contributory causes of importance:

Vascular Insufficiency

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Physical 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) Carlton A. Beard M. D.  
(Address) 2007 Bryant Bldg. S.E., Mo.

