

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

Do not use this space.

JAN 21 1936

42101

1. PLACE OF DEATH

County *Saline*
Township
City *Marshall* (No. *562*) So. *Odell*

Registration District No. *796*
Primary Registration District No. *3038*

File No.
Registered No. *180*
St. Ward

2. FULL NAME

William Field Fisher

(a) Residence, No. *522 So. Odell* St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr. 18, 1872*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 7 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Manager (Retired)*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Municipal Util.*

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) *Saline Co. Mo.*

13. NAME *Dr. Wm G. Fisher*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Saline Co. Mo.*

15. MAIDEN NAME *Mary Field*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Saline Co. Mo.*

17. INFORMANT (ADDRESS) *Miss Mable Fisher Marshall, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Ridge Park Ave* DATE *Dec 14* 19*35*

19. UNDERTAKER (ADDRESS) *Short - M. Coary Marshall, Mo.*

20. FILED *Dec. 14* 19*35* *Helen Huston Deputy Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 12* 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 8* 1935, to *Dec. 12* 1935

I last saw him alive on *Dec. 12* 1935. Death is said to have occurred on the date stated above, at *7:40 p.m.*

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

Encephalitis - appar- ntly lethargica Date of onset *12/9/35*

Other contributory causes of importance: *accidental burn of right leg, etc* *11/8/35*

Name of operation Date of What test confirmed diagnosis? *clinical lab.* 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 *Dr. Manning* (Signed) *Marshall*, M. D.

(Address) *Marshall*

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.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Saline
Township.....
City Marshall (No.)

Registration District No. 796
Primary Registration District No. 3038

File No.
Registered No. 180
St. Ward)

2. FULL NAME

William Field 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 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 S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

63 7 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

MOTHER FATHER 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Feb. 11, 1936 Nelly Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... 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:

Date of onset

Other contributory causes of importance:

accidental burn of leg etc

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/18, 1935

Where did injury occur? Marshall mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

yard of home

Manner of injury clothing ignited from burning trash

Nature of injury several burns of leg and hip etc.

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) D. F. Manning M. D.

(Address) Marshall mo

SUPERINTENDENT

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.

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