

APR 20 1936

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

Do not use this space.

10462

## 1. PLACE OF DEATH

County JacksonRegistration District No. 398Township BluePrimary Registration District No. 5554City Independence Mo. (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Albert Burton Fisher(a) Residence, No. 1423 Home St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Georgia Fisher6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 4-18887. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 47 6 258. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Packer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Riesch Co.10. Date deceased last worked at this occupation (month and year) Mar. 21-36 11. Total time (years) spent in this occupation 3012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kans City Kan13. NAME Robert Fisher14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo.15. MAIDEN NAME Matilda Rhines16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria Ill17. INFORMANT (ADDRESS) Mrs Georgia Fisher18. BURIAL, CREMATION OR REMOVAL Washington DATE Mar 31 193619. UNDERTAKER (ADDRESS) Carson Funeral Home20. FILED 3-31-1936 F. L. Cook Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29 193622. I HEREBY CERTIFY, That I attended deceased from Mar 27 1936 to Mar 29 1936I last saw him alive on Mar 28 1936 Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Myocardial degeneration Date of onset unknownOther contributory causes of importance bronchial pneumonia 6 daysName of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical & blood pressure 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? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) J. N. Hill, M. D.  
(Address) 1438 Bridges Ave  
Independence Mo

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.

MISSOURI STATE BOARD OF HEALTH—CERTIFICATE OF DEATH—RECORD

