

NOV 20 1936

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

Do not use this space.

36869

1. PLACE OF DEATH

County Butler Registration District No. 90
Township Ash Hill Primary Registration District No. 5734A
City (No.) St. Ward

File No. _____
Registered No. 10

2. FULL NAME

Anderson Edward Clemens
Fishers

(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 <u>M-</u>	4. COLOR OR RACE <u>W-</u>	5. SINGLE-MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-20-1867</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>11</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer.</u>		
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13, 1936
22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1936, to 10-13, 1936
I last saw him alive on 10-5, 1936 Death is said to have occurred on the date stated above, at 6 A. m.

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

Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance:

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? _____ 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) Wm. H. Henshaw, M. D.
(Address) Poplar Bluff, Mo.

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Butler Co. Mo.</u>
	13. NAME <u>D. H.</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D. H.</u>
	15. MAIDEN NAME <u>D. H.</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D. H.</u>
	17. INFORMANT (ADDRESS) <u>Geo. Clemens Fishers</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Poplar Bluff</u> DATE <u>10-14</u> , 19 <u>36</u>	
19. UNDERTAKER (ADDRESS) <u>Frank Wood Co. Poplar Bluff</u>	
20. FILED <u>Oct 31</u> , 19 <u>36</u> <u>Noel J. Smith</u> Registrar.	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

