

MAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Jackson
Kear.
Kansas City

Registration District No.

Primary Registration District No.

No.

399
1002
3843 Garfield

File No.

6525

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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.

Robt R. Fisher

3843 Garfield St.,

Ward.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Eunice B. Fisher

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

May 19-65

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

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

Retired

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

Carpenter

10. Date deceased last worked at
this occupation (month and
year)Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Cedar Rapids
Iowa

MOTHER

13. NAME

Robt. H. Fisher

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

Virginia

15. MAIDEN NAME

Mary Readman

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

Vir.

17. INFORMANT

(ADDRESS)

Eunice B. Fisher
3843 Garfield

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Forest Hill DATE 2/27/37

19. UNDERTAKER

(ADDRESS)

Coyler Funeral Home
N. C. Mas.

20. FILED

DATE

2/19/37 M. M. Cronin
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb 19- 1937

22. I HEREBY CERTIFY, That I attended deceased from

Sept 10, 1936, to Feb 19, 1937

I last saw him alive on Feb 13, 1937. Death is said

to have occurred on the date stated above, at 8:30 a.m.

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

Chronic myocarditis

Date of onset

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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