

MAY 20 1937

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

Do not use this space.

16436

## 1. PLACE OF DEATH

41 County Harrison  
Township Superior  
City Superior (No. .... St. .... Ward)

Registration District No. 338  
Primary Registration District No. 5474

File No. ....  
Registered No. ....

## 2. FULL NAME

May H. Fisher St. .... Ward. ....

(a) Residence, No. ....

(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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2-1880

7. AGE YEARS 57 MONTHS 1 DAYS 10 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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) March 1-37 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. of Ohio

MOTHER FATHER

13. NAME John Fisher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Ohio

15. MAIDEN NAME Alie E. Andrews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Ohio

17. INFORMANT Geo. W. Johnson (ADDRESS) Altamora Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Rapids DATE April 15, 1937

19. UNDERTAKER W. D. Haines (ADDRESS) Johnson City Mo.

20. FILED 5/2 19 37 J. O. Gifford Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 12, 19 37

22. I HEREBY CERTIFY, That I attended deceased from 4-5, 1937, to 4-12, 1937

I last saw her alive on April 12, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Acute Lobular pneumonia 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) J. A. Starnes, M. D.  
(Address) Johnson City

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

9  
22

