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

JUN 24 1937

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

Do not use this space.

1. PLACE OF DEATH
63 County Maries — Registration District No. 546 — File No. 20645
Township Johnson — Primary Registration District No. 5735 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME America 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: 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: Widow 3

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-27-1850

7. AGE: 87 YEARS, 2 MONTHS, 4 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): 1-15-37
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Phelps co mo

FATHER
13. NAME: Thos Fisher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Francis Blackwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Bertha Hamilton St James Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Forest Ce DATE 5-3- 1937

19. UNDERTAKER (ADDRESS): W. E. Lichlider St James Mo

20. FILED May 4 1937 Sam a. Warner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 1 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 16 1937, to May 1 1937
I last saw her alive on Apr 16 1937. Death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset

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Other contributory causes of importance:
Mitral insufficiency

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ..... 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 .....
(Signed) H B Underwood, M. D.
(Address) St James Mo