

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

OCT 19 1937

34022

1. PLACE OF DEATH

County Cole
Township
City Jefferson City (No. _____) St. _____ Ward _____

Registration District No. 213
Primary Registration District No. 3014

File No. _____
Registered No. 261

2. FULL NAME

(a) Residence, No. 412 Adams 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 male 4. COLOR OR RACE negr 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 - 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 4 26

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Mo

FATHER 13. NAME George W. Fisher

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Murel Thornton

18. BURIAL, CREMATION, OR REMOVAL PLACE New City Cem DATE 9/17/1937

19. UNDERTAKER (ADDRESS) L. B. Hardiman

20. FILED 10/14/1937 Overseer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1937 to Sept 10, 1937
I last saw him alive on Sept 14, 1937 Death is said to have occurred on the date stated above at 1300 a.m.
The principal cause of death and related causes of importance were as follows:

Heart Pulmonary Edema 95%
Date of onset

Other contributory causes of importance: arteriosclerosis

Name of operation stethoscope
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) J. B. Boney M. D.
(Address) Jefferson City Mo

