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

DEC 17 193

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

Do not use this space.

1. PLACE OF DEATH
County Dekalb
Township Washington
City
Registration District No. 261
Primary Registration District No. 5361 B
File No. 41128
Registered No.
(No. St. Ward)

2. FULL NAME Louis M. Fisher
(a) Residence, No. 6 miles west. Stewartsville Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 84 yrs. 6 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Fisher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
84	6	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. blacksmith shop
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 68

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton County, Missouri.

FATHER
13. NAME Michael Fisher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany.

MOTHER
15. MAIDEN NAME Regina Vaeth.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Missouri.

17. INFORMANT Albert Fisher
(ADDRESS) Stewartsville Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys Cem. DATE Nov. 24 1937
19. UNDERTAKER Heaton, Bagol + Bowman
(ADDRESS) St Joseph Missouri.
20. FILED 12-15 1937 L. E. Saunders
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21, 1937
22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1937, to Nov 21, 1937
I last saw him alive on Nov 21, 1937. Death is said to have occurred on the date stated above, at 12 30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Nov 20/37

Other contributory causes of importance:
Chronic myocarditis ?

Name of operation none Date of
What test confirmed diagnosis? Clinical 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 M Auten M. D.
(Address) Stewartsville Mo.