

REC'D JUN 10 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

18194  
Do not use this space.

## 1. PLACE OF DEATH

(a) County FRANKLIN

(b) Township

(c) City SULLIVAN

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.Registration District No. 295Primary Registration District No. 4179Registered No. 182. PRINT FULL NAME JOHN HENRY FISHER 260(a) Residence, No. Sullivan, Mo. St. 

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFAnna Laura Fisher6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.72102

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.Banker9. Industry or business in which work  
was done, as 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)Carlyle,  
Ill.

FATHER

13. NAME

Henry Fisher14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Switzerland

MOTHER

15. MAIDEN NAME

Mary Smith16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ireland17. INFORMANT  
(ADDRESS)Mrs. Anna Fisher  
Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Sullivan

DATE

May 10,193819. FUNERAL DIRECTOR  
(ADDRESS)J. T. Williams  
Sullivan, Mo.

20. FILED

May 9, 1938Edgar W. Telford  
Local Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1938

22. I HEREBY CERTIFY, that I attended deceased from

mech 1 May 8, 1938 to May 8, 1938I last saw him alive on May 8, 1938 Death is saidto have occurred on the date stated above, at 2 P. m.

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

Coronary Thrombosis

Date of Anset

5/8/38

Other contributory causes of importance:

Hypertensive heart  
diseaseName of operation None

Date of

What test confirmed diagnosis? Biopsy 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) Edgar W. Telford, M. D.(Address) Sullivan, Mo.

**STATEMENT BY LICENSED EMBALMER**

I, ..... Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**