

REC'D AUG 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH24592
Do not use this space.

1. PLACE OF DEATH

(a) County ANDREW Registration District No. 13
 (b) Township JEFFERSON Primary Registration District No. 0617 Registered No. _____
 (c) City SALAMANNAH (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS. HANNAH ROSETTA FISHER

(a) Residence, No. FARM SALAMANNAH MO St. IND
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 OF ARTHUR M. FISHER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC-22-1864

7. AGE YEARS 73 MONTHS 7 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
 9. 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) UNION CO (STATE OR COUNTRY) IND13. NAME ISAC MILLER14. BIRTHPLACE (CITY OR TOWN) LEBONAN CO (STATE OR COUNTRY) IND15. MAIDEN NAME SUSAN HUBER16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) IND17. INFORMANT MRS. CORA BRYANT (ADDRESS) SALAMANNAH MO18. BURIAL, CREMATION, OR REMOVAL PLACE CUMBERLAND RIDGE DATE 7-29-193819. FUNERAL DIRECTOR FRED TERHUNE (ADDRESS) SALAMANNAH MO20. FILED July 27 1938 Mrs A. B. King Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1938

22. I HEREBY CERTIFY that I attended deceased from July 15 1938, to July 26 1938.
 Last saw him alive on July 22 1938. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Cerebral Hemorrhage
E. Pt. sided Hemiplegia
Hypertension

Other contributory causes of importance: 82 W

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. 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? noIf so, specify _____ (Signed) Gilbert B. Kelley, M. D.12. (Address) Salannah, Mo

STATEMENT BY LICENSED EMBALMER

I, J. Fred Turbun, Licensed Embalmer No. 1279

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.)