

REC'D OCT 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County Gasper Registration District No. 411 File No. 32450
Township Salina Primary Registration District No. 2002 Registered No. _____
City Joplin (No. Freeman Hospital) Ward _____

2. FULL NAME

PEARL FISHER 2612
(a) Residence, No. 32 S. Liberty, Webb City, Mo. Ward. Webb City, Missouri
(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) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 1914
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 24 0 12
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) _____ 11. Total time (years) spent in this occupation _____

8. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. H. M. Fisher

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washburn, Ark

13. NAME W D Floyd

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

15. MAIDEN NAME Lena Mae Nuckley

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

17. INFORMANT Mrs Paul White
(ADDRESS) 305 1/2 W 6th Joplin

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE 9-16-38

19. UNDERTAKER Hedgie Nelson undertaker
(ADDRESS) Webb City, Missouri

20. FILED 9-17-1938 E. D. Jesse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938 to Sept 14, 1938
I last saw her alive on Sept 14, 1938 Death is said to have occurred on the date stated above, at 11:40 a. m.
The principal cause of death and related causes of importance were as follows:

Aplastic Anemia Date of onset 9
712
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Blood count Was there an autopsy? Yes

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) [Signature] M. D.
(Address) Joplin, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-323

Date Filed 10/12/38