

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

*Albert Martin*

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

Do not use this space.

REC'D FEB 23 1939

14  
4  
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1. PLACE OF DEATH

County MISSISSIPPI

Registration District No. 567

File No. 3126

Township

Primary Registration District No. 4334

Registered No. 9

City EAST PRAIRIE (No. 260)

Ward

2. FULL NAME

(a) Residence, No. EAST PRAIRIE St.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

NORAH J. FISHER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

MAY 10, 1860

7. AGE

YEARS 78

MONTHS 9

DAYS 1

If LESS than 1 day, hrs. or min.

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

Feb. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from

2/1 1939, to Feb. 10th 1939

I last saw him alive on 2/1 1939. Death is said

to have occurred on the date stated above, at 6:30 a. m.

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

Date of onset

Broncho-Pneumonia

Other contributory causes of importance:

1072

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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?

If so, specify

(Signed)

A. J. Martin M. D.

877 Address East Prairie Mo

OCCUPATION

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

Salesman

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)

May 10, 1934

11. Total time (years), spent in this occupation

11 1/2

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

BENTON CO, TENN.

FATHER

13. NAME WILLIAM FISHER

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

TENN.

MOTHER

15. MAIDEN NAME ISABELLE BAUCUM

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

TENN.

17. INFORMANT (ADDRESS)

CLARA R. BRYAN, East Prairie

18. BURIAL, CREMATION, OR REMOVAL

PLACE OAK GROVE DATE 2/12 1939

19. UNDERTAKER (ADDRESS)

Thomas N. Shelby, East Prairie

20. FILED

Feb 11 1939 Wm O. Hodge Registrar

