

13 1939

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

21524
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 71

(b) Township Cedar Primary Registration District No. 5110A Registered No. 23

(c) City or Route 1, Ashland, Mo. (d) Street No. Route 1, Ashland, Mo. St.

(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 JAMES MARVIN FISHER

(a) Residence, No. Route 1, Ashland, Mo. St. (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Fisher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-6-1878

7. AGE YEARS 61 MONTHS 5 DAYS 14 If LESS than 1 day,hrs. ormin.

OCCUPATION

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

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) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Mortimer Fisher

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

MOTHER

15. MAIDEN NAME Mary Frazier

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

17. INFORMANT (ADDRESS) Clayton Fisher, Route 1, Ashland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Millers Creek DATE 6-22-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parkers, Columbia, Mo.

20. FILED July 8, 1939 Frances Nichol Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20-1939

22. I HEREBY CERTIFY, That I attended deceased from 6-13-1939 to 6-20-1939

I last saw him alive on 6-19-1939. Death is said to have occurred on the date stated above, at 6 P. m.

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

Tuberculous meningitis

24

Other contributory causes of importance:

Name of operation..... 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) F. C. Suggitt, M. D.

(Address) Columbia, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-9-10-30 I X16803

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *W J M. Williams*.....

Licensed Embalmer No. *3893*.....

P. O. Address *Columbus*.....

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.)

If this body is not embalmed, above space should be left blank.