

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

Do not use this space.

43131

1. PLACE OF DEATH

County Salmon
Township _____
City Plattsburgh Mo (No. _____) St. _____ Ward _____

Registration District No. 207
Primary Registration District No. 4125

File No. 27
Registered No. 33

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-17, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1939, to Dec-17, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 - 1866

I last saw him alive on Dec-17, 1939. Death is said to have occurred on the date stated above, at 5:40 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 16

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

Chronic hepatitis Date of onset 5/21

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Framing

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in the occupation. Life

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo

13. NAME John Fisher

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

15. MAIDEN NAME Hynes

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

17. INFORMANT (ADDRESS) Mrs. Jennie Fisher Plattsburgh Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE only Mo DATE Dec 17, 1939

19. UNDERTAKER (ADDRESS) W. W. W. Plattsburgh Mo

20. FILED Dec 18 1939 Bevler Chalkin Registrar.

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? no

If so, specify _____

(Signed) W. W. W., M. D.

(Address) Plattsburgh Mo

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. 111

District File Number 140-1923

Date Filed JAN 12 1948