

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

Do not use this space.

16896

1. PLACE OF DEATH

County Henney
Township Franklin
City Franklin

Registration District No. 351
Primary Registration District No. 3492

File No.
Registered No. 10
St. Ward)

2. FULL NAME Jacob Fisher

(a) Residence. No. St., Ward.

(Usual place of abode)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX My

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-7-1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fisher
(b) General nature of industry, business, or establishment in which employed (or employer) General
(c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) Pa
(STATE OR COUNTRY)

10. NAME OF FATHER Jacob Fisher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Winkelman
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ann Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clarktown
(STATE OR COUNTRY)

14. INFORMANT Dr. C. H. ...
(Address) Wineburg

15. FILED 5/25 1928 J. J. Russell
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24 1928

17. I HEREBY CERTIFY, That I attended deceased from 19... to 19... (that I last saw him alive on Wed May 24, 1928, and that death occurred, on the date stated above, at 3:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

191 Heart failure
fell dead

1914 Heart failure
fell dead

CONTRIBUTORY Over heat
(SECONDARY) while at work (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) C. H. ... M. D.

(Address) Wineburg
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Tracy's Chapel 1928

20. UNDERTAKER Wineburg ADDRESS

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.

1928

