

FILED JUL 15 1940

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

Do not use this space.

21840

1. PLACE OF DEATH

County Henry Registration District No. 347  
Township Bethlehem Primary Registration District No. 5489A  
City Clinton mo (No. ....) St. .... Ward)

2. FULL NAME

Samuel P Fisher

(a) Residence, No. Life Time St. .... Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 5 20

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

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 Life

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

13. NAME John W Fisher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston  
W Virginia

15. MAIDEN NAME Mary Ripley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis  
Mo

17. INFORMANT (ADDRESS) Samuel P Fisher  
Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Congress DATE 6-12 1940

19. UNDERTAKER (ADDRESS) Fred Wilkinson  
Clinton mo

20. FILED 6-15 1940 Dr. J. R. Hancock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/11 1940

22. I HEREBY CERTIFY, That I attended deceased from 8/15 1937 to 6/11 1940

I last saw him alive on 6/8 1940 Death is said to have occurred on the date stated above, at 2 A m.

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

Myocardial failure  
due to  
Mitral disease

Other contributory causes of importance: 92 W

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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) E. C. Peeler, M. D.

(Address) Clinton 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.

