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

Do not use this space.
8039

1. PLACE OF DEATH

County..... Registration District No. 1003 File No.....

Township..... Primary Registration District No..... Registered No. 1087

City St Louis Mo (No. 1410 Montgomery St. St. ..... Ward)

2. FULL NAME Margarette Fisher

(a) Residence. No. 1410 Montgomery St., 26 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 28 - 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	21	2	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Robert Pierce

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

12. MAIDEN NAME OF MOTHER Alfa Nash.

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

14. INFORMANT Paul H. Fisher
(Address) 1410 Montgomery St

15. FILED ..... 19..... Myrle Stahlhut REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4th 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1929, to Feb. 4, 1929, that I last saw him alive on Feb 4, 1929, and that death occurred, on the date stated above, at 7 20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
104
1016 (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY)* ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) John C. Creane, M.D.

Feb 5, 1929 (Address) 2804 14th St.

*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 Springville Tenn — DATE OF BURIAL Feb 5 1929

20. UNDERTAKER Ky Leidner Mud Co — ADDRESS 1417 N. Market

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.