

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

Do not use this space.

1. PLACE OF DEATH

County Montgomery
Township Belton crest
City (No.)

Registration District No. 6-8-9
Primary Registration District No. 5-787

File No. 18728
Registered No. 7
St. Ward)

2. FULL NAME

Fritz August Fischer
(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 24 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 8 —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER August Fischer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Mary Fischer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT August Fischer Jr
(Address) Quincy Mo

15. FILED May 30 1931 E. A. Ball REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24 1931

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to May 24, 1931, that I last saw him alive on May 23, 1931, and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the Bladder
510 518 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. X X
DID AN OPERATION PRECEDE DEATH? No DATE OF X X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Pluicel & Lab.
(Signed) Douglas Heath, M. D.
. 19 (Address) New Florence, Mo.

*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
Warriner Mo 5/26/1931

20. UNDERTAKER ADDRESS
E. M. Newman Quincy Mo

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.

JUN 27 1931

REPRODUCED FROM THE ORIGINAL RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

