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

JAN 23 1935

Do not use this space.

44271

File No. .....

Registered No. 271

1. PLACE OF DEATH

County St. Louis — Registration District No. 785

Township Bethlehem — Primary Registration District No. 3037

City Kirkwood Mo (No. 320 S. Fillmore Ave St. ..... Ward)

2. FULL NAME John Wilson Fishback

(a) Residence, No. 320 S. Fillmore ave St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6.2 yrs. mos. 7 ds 21 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)
Male	Col	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	62	7	20	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1933 Dec. — 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Kirkwood Mo.

FATHER

13. NAME George Fishback

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versailes Ky

MOTHER

15. MAIDEN NAME Cynthia Steele

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versailes Ky

17. INFORMANT (ADDRESS) Sallie Fishback 820 S. Fillmore ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Bickson DATE Dec 26th 1934

19. UNDERTAKER (ADDRESS) Slaten & Hendrickson Kirkwood Orchard ave & Big Bend Rd Mo

20. FILED 12-26, 1934 Agnes R. Kelly Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1934, to 12-22, 1934

I last saw him alive on 12-22, 1934. Death is said to have occurred on the date stated above, at ..... m.

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

Chr. Myocarditis, — Date of onset

131

9 mo

Other contributory causes of importance:

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? .....

If so, specify .....

(Signed) Dr. Calvary Reynolds, M. D.

(Address) 3/8 Ar Bldg

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD