

MAR 10 1936

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

Do not use this space.

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1. PLACE OF DEATH

County Jackson Registration District No. 399Township 1000 Primary Registration District No. 1002City Kansas City (No. 2901) Harrison St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Harriet Fishback(a) Residence, No. 299 Harrison 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. 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) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Approx 608. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Postal Clerk

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT James Gleason (ADDRESS) K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Logan, Kentucky DATE 3/9/3619. UNDERTAKER H. Z. Garmen & Son (ADDRESS) 2755 Prospect, K.C. Mo.20. FILED 2-8 1936 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-36 1936

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw the deceased _____ 19____ Death is said to have occurred on the date stated above, at 1:15 p.m.

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

Gunshot wound, Chest Date of onset _____PneumoniaNeurothoraxOther contributory causes of importance: 167

Name of operation _____ Date of _____

What test confirmed diagnosis: Autopsy Was there an autopsy? Yes23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide. Suicide Date of injury 2-7-36Where did injury occur? Home 2901 Harrison

(Specify city or town, county, and State)

Specify, whether injury occurred in industry, in home, or in public place. HomeManner of injury Gunshot wound, chest

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Russell W. Wagoner, M. D.(Address) 1600

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.

