

JAN 20 1938

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

Do not use this space.

46116

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County MONTGOMERY
Township BEAR CREEK
City JONESBURG (No. _____)

Registration District No. 589
Primary Registration District No. 4347

2. FULL NAME JOHN William FISCHER

(a) Residence, No. JONESBURG, Missouri, Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 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 Minnie May

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 1898

7. AGE YEARS 66 MONTHS 11 DAYS 30 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER 1

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) December 1925 11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (CITY OR TOWN) Steinhagen (STATE OR COUNTRY) WARREN COUNTY, MISSOURI

13. NAME AUGUST EARNEST FISCHER

14. BIRTHPLACE (CITY OR TOWN) GERMANY (STATE OR COUNTRY) 10

15. MAIDEN NAME MARY FREY 10

16. BIRTHPLACE (CITY OR TOWN) GERMANY (STATE OR COUNTRY) _____

17. INFORMANT GUS T. FISCHER (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE JONESBURG DATE DEC. 21, 1937

19. UNDERTAKER Ray Means (ADDRESS) Jonesburg, Missouri

20. FILED Dec 20 1937 J. A. Bell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1937

22. I HEREBY CERTIFY, That I attended deceased from about 1 year, 1936 to Nov 78, 1937

I last saw him alive on Dec 14, 1937. Death is said to have occurred on the date stated above, at 9 9 m.

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

Cancer of Bladder Date of onset 2 yrs

Other contributory causes of importance: Enlarged Prostate

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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) J. A. Bell, M. D.
(Address) Jonesburg, 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.

