

REC'D MAR 22 1938

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

Do not use this space.

1. PLACE OF DEATH
County Newton Registration District No. 609 File No. 7578
Township Neosho Primary Registration District No. 4543 Registered No. 21
City Neosho (No. Half-Bowman Hospital St. _____ Ward) _____

2. FULL NAME Monroe Fisher 210
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Bertha Fisher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6, 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>52</u>	<u>3</u>	<u>17</u>	

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

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mahaska Co. Iowa

FATHER
13. NAME Thomas Fisher 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio 9

MOTHER
15. MAIDEN NAME Mary Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Mrs. Bertha Fisher
(ADDRESS) Jenness Mo. R.F. 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Reformat Cond. DATE 2-26-38

19. UNDERTAKER Carley Thompson
(ADDRESS) Neosho, Mo.

20. FILED 2-26-38 Ernest Sale
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28-38 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 18th, 1938, to Feb 23rd, 1938
I last saw him alive on Feb 29th, 1938. Death is said to have occurred on the date stated above, at 6:45 A.M.
The principal cause of death and related causes of importance were as follows:
Perforated Hemorrhage Rt side Date of onset Feb 18-38

Other contributory causes of importance:
Chronic Intestinal neoplasm
arterio-sclerosis
hypertension

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) Melvin P. Bowman, M. D.
(Address) Neosho, Mo.

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

