

REC'D JUN 8 1939

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

17684
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Haw Primary Registration District No. 1007 Registered No. 2086
 (c) City K. C. Mo. (d) Street No. 1608 Merseington St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

260 Mrs Nancy A. Fisher
 (a) Residence, No. 1608 Merseington St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James E. Fisher
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1869
 7. AGE YEARS 70 MONTHS 5 DAYS 15 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Kentucky
 FATHER 13. NAME J. B. Vaughn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 MOTHER 15. MAIDEN NAME M. E. Vaughn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Mo.
 17. INFORMANT James E. Fisher
 (ADDRESS) 1608 Merseington
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE May 20, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rose & Henderson
150 Jackson
 20. FILED May 19, 1939 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1939
 22. I HEREBY CERTIFY That I attended deceased from May 20, 1939 to May 17, 1939
 I last saw him alive on May 17, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis with Hypertension
 Date of onset Undetermined
 Other contributory causes of importance:
Overwork
 Name of operation None Date of.....
 What test confirmed diagnosis? Ulcer 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 Chas. L. Peery, M. D.
 (Signed) Chas. L. Peery (Address) 900 Benton 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.

900 B. on Tam
An. chaw Peary

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.