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

Do not use this space.

1. PLACE OF DEATH

County Franklin — Registration District No. 29 — File No. 28460

Township Central — Primary Registration District No. 4 of 75 — Registered No.

City Moselle Mo (No. ..... St. ..... Ward)

2. FULL NAME 260 RAMOND LOUIS Fisher

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

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*): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 20, 1940

7. AGE: Years — Months 7 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.

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.: —
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): St. Clair, Mo

FATHER
13. NAME: Edgar Louis Fisher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Clair Mo

MOTHER
15. MAIDEN NAME: Birdie May Declue
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Moselle Mo

17. INFORMANT (ADDRESS): Edgar Louis Fisher

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cove Cem. DATE: Sept 9, 1940

19. UNDERTAKER (ADDRESS): Casey & Lenox St. Clair, Mo.

20. FILED: Sept 9, 1940 M. H. Duckworth, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 8th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 8th, 1940, to Sept 8 —, 1940

I last saw him alive on Sept 8th, 1940. Death is said to have occurred on the date stated above, at 7 P m.

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

	Date of onset
Lobar pneumonia	Sept 7/40
Other contributory causes of importance:	
Cholera Infantum	Sept 5/40

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) C. F. Briegleb, M. D.

(Address) St. Clair, 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.