

FEB 23 1933

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V.S. No. 2

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph

(No. St. Joseph's Hospital)

File No. 289

Registered No. 41

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME

Jacob Anthony Fisher

(a) Residence, No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

Easton, Mo. R.F.D. 2

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 24 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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

NOVEMBER 1932

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

0

1

24

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)

R F D #2 Easton

Missouri

13. NAME

Jacob Fisher

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

Buchanan Co.

Missouri

15. MAIDEN NAME

Sylvia Kerns

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

Clinton Co.

Missouri

17. INFORMANT (ADDRESS)

Mrs Jacob Fisher  
R F D #2 Easton Mo.

18. BURIAL, CREMATION, OR REMOVAL

Hurlinger Cemetery

PLACE Hurlinger Mo.

DATE Jan. 11

1933

19. UNDERTAKER (ADDRESS)

H. O. Sidenfaden  
1802 Union st St. Joseph Mo.

20. FILED

JAN 11 1933

John H. Bender  
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan. 10

1933

22. I HEREBY CERTIFY That I attended deceased from

Jan 4 1933 to Jan 9 1933

Last saw him alive on Jan 9 1933 Death is said

to have occurred on the date stated above, at 5 A.m.

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

Lobar pneumonia Jan 2

Other contributory causes of importance:

Name of operation

Obit

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?

If so, specify \_\_\_\_\_

(Signed) Frank J. Vanegas

M. D.

(Address) Lincoln St. St. Joseph

10-10-50