

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

Do not use this space.

185

1. PLACE OF DEATH

County Buchanan Registration District No. 82 File No. 1
Township Marion Primary Registration District No. 57.25 Registered No. 1
City (No. 2 1/4 Miles N.E. of Easton, Mo.) St. _____ Ward _____

2. FULL NAME Bertha Fisher,

(a) Residence, No. 2 1/4 M. N.E., Easton, Mo. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED; OR DIVORCED (write the word) <u>Married,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Fisher,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan'y. 24, 1858</u>		
7. AGE	YEARS	MONTHS
	<u>75</u>	<u>11</u>
		DAYS
		<u>24</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home,</u>	
	10. Date deceased last worked at this occupation (month and year) <u>January 1934</u>	11. Total time (years) spent in this occupation. <u>58</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilkes-Barre, Pennsylvania,</u>		
FATHER	13. NAME <u>Frederick Wanger,</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berlin, Germany,</u>	
MOTHER	15. MAIDEN NAME <u>Unknown,</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berlin, Germany,</u>	
17. INFORMANT <u>Frank X. Fisher</u> (ADDRESS) <u>R.F.D. # 2, Easton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Easton, Mo.</u> PLACE <u>St. Joseph cem.</u> DATE <u>Jan'y. 20, 1934</u>		
19. UNDERTAKER <u>Heaton-Bryole & Bowman</u> (ADDRESS) <u>St. Joseph, Mo. General Home</u>		
20. FILED <u>2/10</u> 19 <u>34</u> <u>D. B. DeGraham M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan'y 18th, 1934

22. I HEREBY CERTIFY, That I attended deceased from
Aug 15, 1933 to Jan 5, 1934
I last saw him alive on Jan 5, 1934 Death is said
to have occurred on the date stated above, at 1:45 Am.
The principal cause of death and related causes of importance were as follows:
Cerebrovascular lesion
Ch. Myocarditis
Arteriosclerosis general
Date of onset _____

Other contributory causes of importance:
None

Name of operation None Date of _____
What test confirmed diagnosis? Chen 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 None
(Signed) Frank W. Wademan, M. D.
(Address) Emporium, 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.

