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3 1929

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

Do not use this space. 13936

85

1. PLACE OF DEATH

County Buchanan | Registration District No. | File No.
Township | Primary Registration District No. 1001 | Registered No. 518
City St. Joseph, (No. 3002 Charles, St. Ward)

2. FULL NAME Veronica Fisher,

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

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martin Fisher,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2, 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
70	11	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

235

9. BIRTHPLACE (CITY OR TOWN) Buchanan County,
(STATE OR COUNTRY) Missouri,

1

PARENTS

10. NAME OF FATHER John Wiedmaier,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,

10

12. MAIDEN NAME OF MOTHER Walberger Waller,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,

10

14. INFORMANT Mrs J. M. Karle
(Address) 3002 Charles Street.

15. FILED Apr 19 1929, 19 John T. ... REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1929

17. I HEREBY CERTIFY, That I attended deceased from April 4 1929, to April 17 1929, that I last saw her alive on April 16 1929 and that death occurred, on the date stated above, at 10:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Embolism
105A
111A (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Phlebitis
(duration) yrs. mos. 21 ds.

130

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Saxton Mo

0

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Frank Hartigan, M. D.
Apr 18, 1929 (Address) Kirkpatrick Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Easton, Missouri, Auto	Apr. 20 1929
20. UNDERTAKER	ADDRESS
Heaton-Bedele-Bowman	319 S.10 St.

by J. M. Karle Funeral Home

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.

Dr. J. K. Hartigan

[illegible] Bldg