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

JAN 26 1934

Do not use this space.
36037

1. PLACE OF DEATH
County De Kalb Registration District No. 258
Township Washington Primary Registration District No. 5360A
City (No. R F D Clarksdale Mo. St. Ward)
File No.
Registered No.

2. FULL NAME Marie Katherine Fisher
(a) Residence, No. R F D Clarksdale Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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	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 A.B.Fisher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	33	5	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) St. Joseph (STATE OR COUNTRY) Missouri

FATHER
13. NAME Link Davis
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Anna Gerhardt
16. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri

17. INFORMANT A. B. Fisher (ADDRESS) R F D Clarksdale Mo.
18. BURIAL, CREMATION, OR REMOVAL St Marys Cemetery
PLACE Hurlinger Mo. DATE Nov. 31 19 33
19. UNDERTAKER H. L. Siebenfuchen (ADDRESS) 1802 Union st St Joseph Mo.
20. FILED [illegible], 19[illegible] [illegible] Registrar.
12-31-33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1931, to Nov 15, 1933
Last saw h. alive on Nov 15, 1933 Death is said to have occurred on the date stated above, at 3:30A m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Uterus

Other contributory causes of importance:

Name of operation Apr. Vag. Date of
What test confirmed diagnosis? Opn. 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) Frank L. Landeman, M. D.
(Address) Kirkpatrick 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.