

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

Do not use this space.

37487

1. PLACE OF DEATH

County McDonald

Township Prairie

City Southwest City Mo Route #2

Registration District No. 315

Primary Registration District No. 5687

File No.

Registered No.

St. Ward)

2. FULL NAME John L. Fisher

(a) Residence. No. 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

Laura Fisher

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

December 19-1857

7. AGE

YEARS 70

MONTHS

DAYS 14

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

Farming and Stock Raising

(c) Name of employer

Self

9. BIRTHPLACE (CITY OR TOWN); (STATE OR COUNTRY)

Sheridan IOWA

10. NAME OF FATHER Conrad Fisher

11. BIRTHPLACE OF FATHER (CITY OR TOWN); (STATE OR COUNTRY)

Virginia

12. MAIDEN NAME OF MOTHER Rebecca Fisher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN); (STATE OR COUNTRY)

Virginia

14.

INFORMANT (Address)

Will Fisher Southwest City Mo R#2

15.

FILED

1/10 28 John J. Nichols REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31st 19 27

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to Dec 30th....., 19.27.

(that I last saw b. f. m. alive on Dec 30th....., 19.27 and that death occurred, on the date stated above, at..... 5, 50 A.M......)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis - Unable to determine factor causing peritonitis (duration)..... yrs. mos. ds. 12

CONTRIBUTORY (SECONDARY)

127 (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? at place of death

○ DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Hemerson Lee M. D.

, 19 (Address) Maysville Ark.

*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

Saratoga Cemetery Jan 1st 19 28

20. UNDERTAKER

Nichols Brothers S.W. City M

ADDRESS

S.W. City M

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.

1928

