LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

FEB 23 1928

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

1956

**1. PLACE OF DEATH.**

County Newton — Registration District No. 611 — File No.

Township Sayton — Primary Registration District No. 5815 — Registered No.

City Racine (No. ..... St. ..... Ward)

**2. FULL NAME** William Sherman 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 22 1865

7. AGE — YEARS: 62 — MONTHS: 2 — DAYS: 15 — 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) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Nathan Fisher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ark
12. MAIDEN NAME OF MOTHER: Fannie Mullen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) .....

14. INFORMANT: Dollie Fisher
(Address) Racine Mo

15. FILED 1/10, 1928 C. E. Norris REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928 to Jan 6, 1928 that I last saw him alive on Jan 2, 1928, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma of Pond of chest
(duration) ..... yrs. ..... mos. ..... ds

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds

49

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) T. P. Hiemler, M. D.
Jan 8, 1928 (Address) Seneca, Mo.

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Racine Mo — DATE OF BURIAL: 1/7 1928

20. UNDERTAKER: Norman E. Mitchell — ADDRESS: Seneca

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

...THIS IS A PERMANENT RECORD

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Township..... Primary Registration District No..... Registered I

City..... (No..... ..... S

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(OR) WIFE OF

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| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, .....hrs. or .....min. |
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10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT .....
(Address)

15. FILED....., 19..... .....
REGISTRAR

**MEDICAL CERTIFICATE O**

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.....
.....
.....(duration).....

CONTRIBUTORY.....
(SECONDARY)
.....(duration).....

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