

MAY 29 1928

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

Do not use this space.

39420*

1. PLACE OF DEATH

County Barry
Township Leavelle
City Leavelle (No. _____)

Registration District No. 29
Primary Registration District No. 4027

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Sidney Arlie Fisher

(a) Residence. No. _____ St. _____ Ward. Carroll, Mo
(Usual place of abode)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Rads R. Fisher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 18, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 2 24

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

9. BIRTHPLACE (CITY OR TOWN) Henderson
(STATE OR COUNTRY) Texas

10. NAME OF FATHER James M. Gray

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

12. MAIDEN NAME OF MOTHER Angela A. Bromley

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

14. INFORMANT S. B. Thomas
(Address) Leavelle, Ark.

15. FILED May 28 Mrs. R. Williams
REGISTRAR Dpt.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/14 1928

17. I HEREBY CERTIFY, That I attended deceased from 1.15 1928 to 2.14 1928 that I last saw her alive on 2/14 1928, and that death occurred, on the date stated above, at 7.15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of stomach and liver

46 B
46 E (duration) 44 yrs. mos. da.

CONTRIBUTORY (SECONDARY) —
(duration) yrs. mos. da.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) S. H. Newman M. D.
, 19 (Address) Carroll, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL First Cem. Leavelle Ark DATE OF BURIAL 2/15 1928

20. UNDERTAKER Nesley H Bradford ADDRESS Carroll

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.

