

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

Do not use this space.

MAR 16 1928

1. PLACE OF DEATH

County Buchanan Registration District No. 86 File No. 4173
 Township Washington Primary Registration District No. 5127 Registered No. 9
 City St. Joseph (No. County Farm, St. _____ Ward)

2. FULL NAME Thomas L. Fisher.

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

Length of residence in city or town where death occurred 20 yrs. mos. 6 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 30, 1865.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	62	9	10	

B. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Leather Worker.
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer Un employed.

9. BIRTHPLACE (CITY OR TOWN) London Ohio.
 (STATE OR COUNTRY) Ohio.

PARENTS

10. NAME OF FATHER Unknown.
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
 (STATE OR COUNTRY) Unknown.
 12. MAIDEN NAME OF MOTHER Unknown.
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
 (STATE OR COUNTRY) Unknown.

14. INFORMANT Charles D. Fisher.
 (Address) 312 Faraon St.

15. FILED 2-14-28 J. J. Gausser
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10, 1928

17. I HEREBY CERTIFY, That I attended deceased from 4/10/28, 19____, to 2/10/28, 19____, that I last saw him alive on 2/8/28, 19____, and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

~~Cerebral~~
822 A Arterio Sclerosis
 (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY Cerebral Hemorrhage.
 (SECONDARY) (duration) 4 yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED 74 W
 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) A. E. Holley, M. D.
Feb 13, 1928 (Address) 822 Edmond St. Joseph 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 Ashland Cemetery DATE OF BURIAL Feb 14 1928

20. UNDERTAKER H. O. Sidupeden ADDRESS 1802 Union

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Amount of cemetery supplied.

