AUG 26 1928 366

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

Do not use this space.

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File No. 1711

Registered No.

1. PLACE OF DEATH

County: Buchanan — Registration District No.

Township — Primary Registration District No. 1001

City: St. Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME: Lewis Fisher

(a) Residence: No. State Hospital #2 St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 10 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: C

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): No facts

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: No facts

6. DATE OF BIRTH (MONTH, DAY AND YEAR): About 1846

7. AGE: Years 82 Months No facts Days No facts If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: No facts
(b) General nature of industry, business, or establishment in which employed (or employer): No facts
(c) Name of employer: No facts

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

PARENTS

10. NAME OF FATHER: No facts

11. BIRTHPLACE OF FATHER (CITY OR TOWN): No facts
(STATE OR COUNTRY): No facts

12. MAIDEN NAME OF MOTHER: No facts

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): No facts
(STATE OR COUNTRY): No facts

14. INFORMANT: Records State Hosp. #2.
(Address): St. Joseph Mo.

15. FILED: Nov 13 1928, 19..... John E. Toth, Registrar

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Nov 10, 1928 that I last saw h... alive on Nov 10, 1928, and that death occurred, on the date stated above, at 9:25 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Exhaustion
164 165
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY): No facts
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. A. Curtis, M. D.
Nov 10 1928 (Address) State Hos. #2.

*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: Asylum Cemetery — DATE OF BURIAL: 11/13/1928

20. UNDERTAKER: Ramsey Funeral Service — ADDRESS: 9th & Olive

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.

PRIMARY RECORD

4