

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

Do not use this space.

1463

50

1. PLACE OF DEATH

48 County Jackson Registration District No. 5-433 File No. Wornall
Township Raw Primary Registration District No. Wornall Registered No. St. Ward
10 City Kansas City No. 5-433 St. Wornall Ward

2. FULL NAME

9 Charles Vincent Fisher
(a) Residence. No. 5-433 Wornall St. Wornall Ward. (If nonresident give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Blanche V. Fisher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
58 0 11 — — —

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER James Fisher

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

12. MAIDEN NAME OF MOTHER unknown

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

INFORMANT Mrs. Blanche H. Fisher
(Address) 5433 Wornall

FILED 1/5/29 M. M. Conne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 3 19 29

17. I HEREBY CERTIFY, That I attended deceased from Dec. 28 to Jan. 3, 1928, and that I last saw him alive on Jan. 3, 1928, and that death occurred, on the date stated above, at 10 40 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Broncho-Pneumonia
92 A
107 A

CONTRIBUTORY Endocarditis Chronic
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Sy mpleas

(Signed) B. J. Sharp M. D.

1/4, 1929 (Address) 636 Wornall

*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.

PLACE OF BURIAL, CREMATION, OR REMOVAL

Forest Hill DATE OF BURIAL Jan 5 1928

20. UNDERTAKER D. McNewcomer ADDRESS 100 N. 6th St.

