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

Do not use this space.

39630

1. PLACE OF DEATH
County: Barton
Township: Central
City: ..... (No. ..... St. ..... Ward)
Registration District No.: 44
Primary Registration District No.: 5066
File No.:
Registered No.: 10

2. FULL NAME: William 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Irene E. Fisher

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10-1-1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	66	2	9	

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): Hardin County
(STATE OR COUNTRY): Kentucky

PARENTS
10. NAME OF FATHER: Christian Fisher
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Lissetta Hemple
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany.

14. INFORMANT: Mrs Wm Fisher
(Address): Jantha, Mo.

15. FILED 12-16, 1929 G. E. Locker M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 10 1929.

17. I HEREBY CERTIFY, That I attended deceased from May 5th, 1928, to Dec. 10th, 1929 that I last saw h. alive on Dec. 9th, 1929, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma of Right-Thigh,

53F 49 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ..... (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?
(Signed) G. E. Locker, M. D.
12-16, 1929 (Address) Jantha, 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: Lake Cemetery — DATE OF BURIAL: 12-12 1929

20. UNDERTAKER: C. F. Konantz — ADDRESS: Lamar Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified.