

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

Do not use this space.

25444

1. PLACE OF DEATH

County Johnson
Township Madison
City Madison

Registration District No. 427
Primary Registration District No. 5382

File No. _____
Registered No. 28
St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15 - 1922</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>9</u>	<u>1</u>	<u>2</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson Co Missouri</u>				
FATHER	13. NAME <u>J. W. Fisher</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson Co Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Marcella A. Green</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>			
17. INFORMANT (ADDRESS) <u>J. W. Fisher Madison Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic Cen</u> DATE <u>7/20</u> 19 <u>31</u>				
19. UNDERTAKER (ADDRESS) <u>T. W. Goodman Halden Mo</u>				
20. FILED <u>7/20</u> 19 <u>31</u> <u>G. W. Harris</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Accident, due to an ice laden truck overturning on road two miles South of Holden, Turning corner, and the brakes failed to work.

Other contributory causes of importance: 2106 210M

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury July 18, 1931
Where did injury occur? Holden, Johnson Co., Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On the road.

Manner of injury Head crushed by ice
Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
St. Edward Anderson
Holden Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 26 1931

