

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

Do not use this space.

34314

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No. _____)

Registration District No. 398
Primary Registration District No. 5554

File No. _____
Registered No. 362
St. _____ Ward _____

2. FULL NAME

William Adam Fisher
(a) Residence. No. 2nd St. R.R. 3 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Gibson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
81 3 18

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)

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Geo. W Fisher

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Allen Crowe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

14.

INFORMANT Ethel Fisher Cook
(Address) Independence Mo

FILED Nov 2, 1931 W. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31, 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 30 - 1931 to Oct 31, 1931 that I last saw him alive on Oct 31, 1931, and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocardial infarction with failing compensation

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) diapneptic

(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) W. Allen, M. D.

Oct 31, 1931 (Address) Independence 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

DATE OF BURIAL

Lobb Cemetery Nov 1, 1931

20. UNDERTAKER

ADDRESS

J. W. Starkey Blue Springs
7760

All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 24 1931

Dr. C. H. Bell