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.

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

Do not use this space.

19604

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.:
Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 2814
City: Kansas City (No. General Hospital #2 St. Ward)

2. FULL NAME: Richard S. Fisher
(a) Residence, No. 1518 Howard Ave. St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hester Fisher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 4th 1868
7. AGE — YEARS: 64 — MONTHS: 4 — DAYS: 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House cleanning
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 230
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): Independence, Mo.

FATHER
13. NAME: Maddison Fisher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER
15. MAIDEN NAME: Carrolyn Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mrs. Hester Fisher, 1518 Howard Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Highland DATE: June 18/32
19. UNDERTAKER (ADDRESS): C. H. BOUNTER & SON, 1606 E. 18th St
20. FILED 6/17 1932 M. M. Crouse Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 15/32, 19
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... 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:

	Date of onset
Accidental - Automobile	
Fracture	
21 M Car Collision	

Other contributory causes of importance:

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 6/15/32
Where did injury occur? 11th & Jackson Ave.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Fractured Skull
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. Cramer, M. D.
(Address) Rehrig Cramer