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.

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

Do not use this space. 25492

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. [illegible]
City St. Joseph, (No. 1317 Faraon St. St. Ward)

2. FULL NAME Kenneth Eugene Fisher
(a) Residence, No. 1317 Faraon St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Helen Fisher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July, 11, 1905
7. AGE: YEARS 27 — MONTHS 1 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry truck driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Ldy. Co. 137
10. Date deceased last worked at this occupation (month and year) Aug. 26, 1932
11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): De Kalb Co. Mo. 1

FATHER
13. NAME: William Fisher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Moultrie Co. Ill. 2

MOTHER
15. MAIDEN NAME: Mary Moreland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clinton Co. Mo. 1

17. INFORMANT (ADDRESS): Mrs. Helen Fisher, 1317 Faraon St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Edgerton, Mo. DATE Aug. 31, 1932
19. UNDERTAKER (ADDRESS): Walter Meinhoffer, 1302 Faraon St. St. Joseph, Mo.
20. FILED 8-31-32 19 John R Binder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1932, 19, to, 19
I last saw him alive on, 19. Death is said to have occurred on the date stated above, at 6.10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Stomach	
1178	
1180 1178	

Other contributory causes of importance:
Ulcer of Stomach (5)

Name of operation 8 Date of
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B. W. Tadlock Coroner, M. D.
(Address) King Hill Bldg. St. Joseph, Mo.