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.

1690

1. PLACE OF DEATH Veterans' Administration Hospital, 389
County Jackson Registration District No. 389
Township Kaw Primary Registration District No. 1002
City Kansas City, Mo. (No. Veterans Hospital St. Ward)

File No.
Registered No. 420

2. FULL NAME FISHER, Leslie Roy C-1 226 975 SC
(a) Residence, No. 3337 Park St., Ward. Pvt. Co M 330th Inf.
(Usual place of abode) Kansas City, Missouri. (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: 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 Mrs. Grace Fisher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1893

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
39	8	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Illinois

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hospital Records Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 1-28-33

19. UNDERTAKER (ADDRESS) Freeman Mortuary K. C. Missouri

20. FILED Jan 26, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 14, 1932, to January 26, 1933
I last saw him alive on January 26, 1933 Death is said to have occurred on the date stated above, at 8:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of the Insane	Unknown

83

Other contributory causes of importance:

Name of operation Mental Date of
What test confirmed diagnosis? Neurological Serological 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? 1
If so, specify
(Signed) C. W. Hughes, M. D.
(Address) C.W. HUGHES, Med. Officer in Charge (T)
Vet. Adm. Hospital, Kansas City, Mo.