

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

Do not use this space.

1. PLACE OF DEATH

10 County, Boone
Township, Columbia
City, Columbia (No.) St. Ward)

Registration District No. 73
Primary Registration District No. 5112

File No. 15716
Registered No. 99

2. FULL NAME

Infant of Mr & Mrs C. M. Fisher
(a) Residence. No. St. Ward. 4710 & 3 Columbia Mo.
(Usual place of abode) (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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 1933

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, 13 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) Boone Co. Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER C. M. Fisher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone Co. Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Cleo Rollins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boone Co. Missouri
(STATE OR COUNTRY)

14. INFORMANT C. M. Fisher
(Address) R. F. D # 3

15. FILED 5/5/33 Allie Selby REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-4-1933

17. I HEREBY CERTIFY, That I attended deceased from one May 4, 1933, to , 19 , that I last saw him alive on May 4, 1933, and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Foramen Ovale did not close.
1570

CONTRIBUTORY (SECONDARY) 1570 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. no

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS. Celom

(Signed) W. P. Dyson, M. D.
, 19 (Address) Columbia 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 Fairview Cemetery DATE OF BURIAL 5/5/1933

20. UNDERTAKER Turkey Lumber Co ADDRESS Columbia Mo.
16 N. 10th St

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.

MAY 20 1933

