

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.

16645

1. PLACE OF DEATH

County Jackson Registration District No. \_\_\_\_\_

Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

City Kansas City (No. Wheatly Prominent Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 21411

2. FULL NAME Hershel H. Fisher

(a) Residence, No. 932 Cedar St., \_\_\_\_\_ Ward \_\_\_\_\_ (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1927

7. AGE YEARS 5 MONTHS 4 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Missouri

13. NAME Herbert Fisher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

15. MAIDEN NAME Mable Curtis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Herbert Fisher (ADDRESS) 932 Cedar

18. BURIAL, CREMATION, OR REMOVAL PLACE Westlawn DATE May 18, 1933

19. UNDERTAKER Nathan W. Thaddeus (ADDRESS) 15-20 N. 5th St.

20. FILED May 15, 1933 M. M. Letourneau Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-12-33, 1933, to 5/14, 1933

I last saw him alive on 5-14, 1933 at 9:35 p.m. 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:

Foreign bodies in lungs.  
1933  
1940  
Other contributory causes of importance:  
Gangrene of lung  
Date of onset 3/22/33

Name of operation Proctoscope Date of 4/30/33

What test confirmed diagnosis? 1st Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 3/22/33

Where did injury occur? 932 Cedar St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Covered with trash

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Richard G. M. D.

(Address) 1722 1/2 E. 18th St.

