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

Do not use this space.

1. PLACE OF DEATH
County: Audrain
Township: Salisbury
City: Mexico (No. ..... St. ..... Ward)

Registration District No. 26
Primary Registration District No. 5034

File No. 23084
Registered No. 96

2. FULL NAME: George Thomas Fisher
(a) Residence, No. 1103 South St. St., ... Ward.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF (OR) ~~WIFE~~ OF: Martha Fisher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 28, 1847
7. AGE: Years 86 Months 11 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): Accomac County Virginia

FATHER
13. NAME: William Henry Fisher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Accomac County Va

MOTHER
15. MAIDEN NAME: Elizabeth Parker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Accomac County Va

17. INFORMANT (ADDRESS): Ernest O'Dell Mexico Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Elmwood Mexico Mo. DATE: July 25, 1934
19. UNDERTAKER (ADDRESS): H. A. Pruett & Son Mexico, Mo.
20. FILED 7-23, 1934 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 23, 1934
22. I HEREBY CERTIFY, That I attended deceased from July 23, 1934 to July 23, 1934, I last saw him alive on July 23, 1934. 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
Cardiac Nephritis	
9.8	
1.4	
Other contributory causes of importance:	
Heat prostration	

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? ..... 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) Frank Talley, M. D.
(Address) Mexico Mo.

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.

AUG 10 1934