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.

JUN 17 1936

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

Do not use this space.

22693

1. PLACE OF DEATH

County Howell — Registration District No. 384 — File No.

Township West Plains, Mo — Primary Registration District No. 4227 — Registered No.

City [illegible] (No. , St. Ward)

2. FULL NAME Fred Gray Fisher

(a) Residence, No. St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 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: Minnie G. Fisher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 24, 1884

7. AGE: YEARS 51 — MONTHS 7 — DAYS 12 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

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): Thomasville, Mo.

FATHER

13. NAME: E. T. Fisher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Lou Robison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Minnie G. Fisher West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oaklawn DATE June 7, 1936

19. UNDERTAKER (ADDRESS): Robertsons Morturary West Plains, Mo.

20. FILED 6-7, 1936 Vida W. Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/6/36

22. I HEREBY CERTIFY, That I attended deceased from June 1 - 1936, to June 6, 1936

I last saw him alive on June 6, 1936. Death is said to have occurred on the date stated above, at 4.35a.m.

The principal cause of death and related causes of importance were as follows:

General Peritonitis — Date of onset

Other contributory causes of importance:

Perforated Gastric Ulcer

Name of operation Laparotomy Date of June 1/36

What test confirmed diagnosis Operation 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) R E Hogan, M. D.

(Address) West Plains Mo

Hogan