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.

SEP 29 1936

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

Do not use this space.

31102

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 3002
City Kansas City Mo (No. Mercy Hospital St. Ward)

2. FULL NAME Eugene Fisher
(a) Residence, No. St., Ward. Kingston 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: Male
4. COLOR OR RACE: White
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) April 8, 1926
7. AGE: YEARS 10 — MONTHS 4 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Cowgill Mo

FATHER
13. NAME Jas Fisher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Kate Clevenger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cowgill Mo

17. INFORMANT (ADDRESS) C A Reed Cowgill Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Cowgill Mo DATE 8-24 36
19. UNDERTAKER (ADDRESS) C A & R A Reed Cowgill Mo
20. FILED 8/23, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-19, 1936, to 8-23, 1936
I last saw him alive on 8-23, 1936 Death is said to have occurred on the date stated above, at 1 07 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute suppurative appendicitis	8-17-36
Generalizing peritonitis	8-19-36

Other contributory causes of importance: None

Name of operation Appendectomy Date of 8-19-36
What test confirmed diagnosis? Was there an autopsy? Yes

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) Harry E. Erin M. D.
(Address) 806 Prof Bldg KC Mo