REC'D APR 7 1938

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

Do not use this space.

10936

File No.

Registered No.

1. PLACE OF DEATH
County Howell
Township West Plains
City West Plains (No. , St. Ward)
Registration District No. 384
Primary Registration District No. 4227

2. FULL NAME Norman Wilson Fisher 260
(a) Residence, No. ~~Thomasville Mo~~ Ward. Thomasville 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 Ma
4. COLOR OR RACE wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29-1851

7. AGE YEARS 86 MONTHS 11 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. 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) Taylor Co. Ky

FATHER
13. NAME Thos D. Fisher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Jane Cristy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) R. N. Fisher Thomasville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Thomasville DATE 1-16-1938

19. UNDERTAKER (ADDRESS) Robertsons West Plains, Mo

20. FILED 1-16 1938 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14-1938

22. I HEREBY CERTIFY, That I attended deceased from April 1936, to Jan 14, 1938
I last saw him alive on Jan 13 1938 Death is said to have occurred on the date stated above, at 1:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the bladder	1936

Other contributory causes of importance: 51

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) P. D. Grimm, M. D.
(Address) West Plains Mo

344

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.