

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.

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

Do not use this space.

REC'D MAY 16 1938

14784

1. PLACE OF DEATH
County Howard,
Township Moniteau,

Registration District No. 378
Primary Registration District No. 5-5-31

File No. _____
Registered No. 21

City _____ (No. _____) St. _____ Ward _____

2. FULL NAME William Thomas Fisher,

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/7th 1938

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/14th 1859

I last saw him alive on April 7, 1938 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:

7. AGE YEARS 78 MONTHS 11 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

Nephritis chronic Date of onset _____

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 _____

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12. BIRTHPLACE (CITY OR TOWN) Ohio. (STATE OR COUNTRY)

13. NAME John Fisher,

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

15. MAIDEN NAME Jane Mc Millan,

16. BIRTHPLACE (CITY OR TOWN) Ireland, (STATE OR COUNTRY)

17. INFORMANT Mrs. Kate Fisher, (ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland, DATE 4/9th 1938,

19. UNDERTAKER Guy T. Halley, (ADDRESS) Fayette, Mo.

20. FILED May 2, 1938 V. C. Bonham Registrar.

Other contributory causes of importance:
Hypertension
Infarct of myocardium

Name of operation _____ Date of _____
What test confirmed diagnosis? Jelly 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) J. L. Richards, M. D.
339 (Address) Fayette, Mo.

