USPHS SEP 20 1938

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

Do not use this space.

File No. 28635

Registered No. 118

1. PLACE OF DEATH
County Clay
Township Fishing River
City Excelsior Springs, Mo. (No. Veterans Administration Facility St. 3d Ward)

Registration District No. 148
Primary Registration District No. 3011

2. FULL NAME FISHER, George

(a) Residence, No. 917 E. Scott St. St., Ward. Springfield, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR ~~WIFE OF~~) divorced wife's name not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1895

7. AGE: Years 42 | Months 10 | 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. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo. 0

FATHER
13. NAME James Fisher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Tenn. 0

MOTHER
15. MAIDEN NAME Sally Looney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Hospital Records
(ADDRESS)

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Springfield, Mo. DATE 8-17-38 19

19. UNDERTAKER John C. Prather
(ADDRESS) Excelsior Springs, Mo.

20. FILED Aug 19 1938 Lorena McCracken
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 16, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1938, 19, to Aug. 16, 1938, 19
I last saw him alive on Aug. 16, 1938, 19. Death is said to have occurred on the date stated above, at 7:19 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatitis	
12510-	

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? — 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?
If so, specify

(Signed) E. K. Moore M. D.
(Address) E. K. MOORE, M.D. Clinical Director
Veterans Administration Facility
Excelsior Springs, Missouri

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9/13/38

AUG 8 1948