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.

REG'D SEP 6 1939

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

Do not use this space.

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

Registration District No. 198
Primary Registration District No. 3011

File No. 28882
Registered No. 106

2. FULL NAME FISHBACK, Oscar O.
(a) Residence, No. 1818 Charlotte Street St., Ward. Kansas City, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Ruth Fishback

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1887

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
51	10	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight checker
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) Lawrence, Ks.

FATHER
13. NAME Sam Fishback
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Martha (maiden name unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Hospital records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City, Mo. DATE August 8, 1939

19. UNDERTAKER (ADDRESS) Claude Prichard 180
Excelsior Springs, Missouri

20. FILED Aug 9, 1939 Mrs Rea McCrackie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1939, 19, to Aug. 8, 1939, 19
I last saw him alive on Aug. 8, 1939, 19 Death is said to have occurred on the date stated above, at 3:45 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease, aortic insufficiency	

Other contributory causes of importance:

Name of operation -- 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) John E. Kelly, M. D.
(Address) JOHN E. KELLY, MD, Manager
Veterans Administration
Excelsior Springs, Missouri

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 9/1/59

OCT 2 3 1959