FILED JUN 20 1940

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

Do not use this space.

18501

File No.

Registered No.

1. PLACE OF DEATH
County Grundy — Registration District No. 328
Township 2 — Primary Registration District No. 3017
City Trenton, Mo. (No. ..... St. ..... Ward)

2. FULL NAME William Thomas Fisher
(a) Residence, No. East of Harris, Mo. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. mos. 2 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 - 1874

7. AGE: YEARS 75 — MONTHS 2 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) May - 1940
11. Total time (years) spent in this occupation 50

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

FATHER
13. NAME Henry Fisher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unbown

MOTHER
15. MAIDEN NAME Julia Dribread
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Ella Humphreys, Harris, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harris, Mo. DATE May 20 1940

19. UNDERTAKER (ADDRESS) Martin Funeral Home, Princeton, Mo.

20. FILED 5-20 1940 Irene A. Fair, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1940, to May 18, 1940
I last saw him alive on May 18, 1940. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	May 17 1940

Other contributory causes of importance: Hypertension

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? no
If so, specify
(Signed) E. J. Mains, M. D.
(Address) Trenton Mo

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2
100M-3-28-35

RECEIVED
District Health Officer No. 11
District File Number 40-92
Date Filed JUN 12 1940