

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

Do not use this space.

24417

1. PLACE OF DEATH

County Henry Registration District No. 349
Township Osbo. Primary Registration District No. 5787
City No. St. Ward

File No.
Registered No. 13

2. FULL NAME

Frank Ferrell Fisher

(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 5 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27-1907

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
21 11 26

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Linwood Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER H. S. Fisher

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT Millie C. Fisher
(Address)

15. FILED Aug 13 1929 Mrs. A. A. Gray
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1929

17. I HEREBY CERTIFY, That I attended deceased from
July 21 1929 to July 21 1929
that I last saw alive on July 21 1929, and that death occurred, on the date stated above, at 3:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Empyema (Pleurisy)

110R (duration) yrs. mos. ds.
CONTRIBUTORY Wounds
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

2 DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 21 1929
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Aspirations
(Signed) J. A. Blakesmore M. D.
7-21-1929 (Address) Windsor, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL July 23 1929

20. UNDERTAKER J. A. Housey ADDRESS Calhoun Mo

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.

