

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

Do not use this space.

19023

1. PLACE OF DEATH
 County Rock Registration District No. 4161
 Township Rock Primary Registration District No. 262
 City Union Star (No. _____) St. _____ Ward _____

2. FULL NAME Leonard D. Fisher
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Abigail Fisher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6 - 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>68</u>	<u>4</u>	<u>14</u>	

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1930, to June 20th, 1930, that I last saw him alive on June 11th, 1930, and that death occurred, on the date stated above, at 11:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
82A
91 (duration) yrs. mos. da.

CONTRIBUTORY General arteriosclerosis (SECONDARY) (duration) 2 yrs. mos. da.

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

10. NAME OF FATHER B. F. Fisher

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

12. MAIDEN NAME OF MOTHER Margaret Taylor

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

18. WHERE WAS DISEASE CONTRACTED? Ill.
 IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) A. O. Varner, M. D.
 (Address) Union Star 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.

14. INFORMANT Frankie F. Varner
 (Address) Union Star, Mo

15. FILED June 20 30 E. M. Reynolds REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Star Cemetery DATE OF BURIAL 6/22 1930

20. UNDERTAKER H. O. Wilson ADDRESS King City

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.

197
 59

