

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.

SEP 26 1930

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

Do not use this space.

23899

1. PLACE OF DEATH

County Platte
Township Carroll
City (No. _____) _____

Registration District No. 696
Primary Registration District No. 3924

File No. _____
Registered No. 18
St. _____ Ward _____

2. FULL NAME

David W. 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. 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 Rachel V. Estes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-10-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 5 16

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) Moorefield
(STATE OR COUNTRY) W. Va.

10. NAME OF FATHER David S. Fisher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Leont Run
(STATE OR COUNTRY) Guerrin, Va.

12. MAIDEN NAME OF MOTHER Va

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

14. INFORMANT Mrs. Ross Clements
(Address) Platte City, Mo.

15. FILED 8/8 1930 Mary B. Wright
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1930

17. I HEREBY CERTIFY, That I attended deceased from July 29, 1929 July 26, 1930 that I last saw him alive on July 26, 1930 and that death occurred, on the date stated above, at 9-40a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver
46 F
126

(duration) 3 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Gall stones

(duration) 2 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 444 B
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. H. MURPHY, M. D.

7-26-1930 (Address) Platte City, 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 Platte City, Mo. DATE OF BURIAL 7-28 1930

20. UNDERTAKER L. F. Rollins ADDRESS Platte City, Mo.

