

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

Do not use this space.

29871

1. PLACE OF DEATH

71 County Morgan
Township Mill Creek
City..... (No.....) St..... Ward.....

Registration District No. 953
Primary Registration District No. 5797-13

File No.....
Registered No. 7

2. FULL NAME

Henry Fisher

(a) Residence, No..... St..... Ward.....
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Mattie Gabriel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. 1

13. NAME Truston Fisher 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. 8

15. MAIDEN NAME Mary J. Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 2

17. INFORMANT (ADDRESS) Mrs. Henry Fisher

18. BURIAL, CREMATION, OR REMOVAL PLACE Freedom DATE Sept 21, 1932

19. UNDERTAKER (ADDRESS) W. F. Kidwell

20. FILED Sept 21, 1932 Julius T. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1932

22. I HEREBY CERTIFY, That I ^{personally} attended deceased from Sept 2nd 1932, to....., 19.....
I last saw him alive on Sept 2nd, 1932. Death is said to have occurred on the date stated above, at 12³⁰ Am.

The principal cause of death and related causes of importance were as follows:

arterio insufficiency
W A G

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) M. Dick, M. D.
(Address) Springfield 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. OCT 28 1932

