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

Do not use this space.

33251

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township — Primary Registration District No. 1002

City Kansas City (No. St. Mary's Hospl. St. Ward)

File No.

Registered No. 4186

2. FULL NAME Frank Holmes Fisher

(a) Residence, No. 4404 Montgall St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 10 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/17/1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
39	6	6	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1/33

11. Total time (years) spent in this occupation 20

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

FATHER

13. NAME Fred Fisher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER

15. MAIDEN NAME Clara Carpenter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neb.

17. INFORMANT Mrs. E. F. Neudeck (ADDRESS) K C K

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 10/25 19 33

19. UNDERTAKER Geo. H. Long Mortuary (ADDRESS) K C K

20. FILED 10-25 19 33 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/23 19 33

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 19 33 to October 23 19 33

I last saw ~~he~~ alive on Oct 23 19 33 Death is said to have occurred on the date stated above, 8:30 p. m.

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

	Date of onset
Subacute Bacterial Endocarditis	Jan 33
9 M	
36	
Other contributory causes of importance: Streptococcic Septicemia	Feb 33

Name of operation none Date of

What test confirmed diagnosis? Findings Was there an autopsy? Yes

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) J. E. Castles, M. D.

(Address) 822 Argyle Bldg Kansas City, Mo.