

MAR 24 1934

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

Do not use this space.

5085

File No. 311  
Registered No. 311  
St. \_\_\_\_\_ Ward)

1. PLACE OF DEATH

County Jackson Registration District No. \_\_\_\_\_  
Township Flower Primary Registration District No. \_\_\_\_\_  
City M. C. (No. 4706 Montgall)

2. FULL NAME

Ray O. Fisher  
(a) Residence, No. 4706 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 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 Marie E. Fisher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1885

7. AGE YEARS 48 MONTHS 9 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Brown County, Mass.

13. NAME Daniel Fisher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Ohio

15. MAIDEN NAME Sarah Shaner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Ohio

17. INFORMANT George E. Fisher (ADDRESS) Osasatchuauie

18. BURIAL, CREMATION, OR REMOVAL PLACE Weyburn DATE 2-28-34

19. UNDERTAKER Hegeman & Sons (ADDRESS) M. C. no.

20. FILED 2/19 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 1933

22. I HEREBY CERTIFY, that I attended \_\_\_\_\_ because from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

\_\_\_\_\_ Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

What test confirmed diagnosis \_\_\_\_\_ Was there autopsy? \_\_\_\_\_

23. If death was due to external causes (accident), fill in all the following: Accident, suicide, or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_

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.D.

(Address) \_\_\_\_\_

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.

120  
2  
2  
69

