REC'D JUN 17 1938

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

Do not use this space.

1. PLACE OF DEATH
County Cooper
Registration District No. 218
File No. 18093
Township
Primary Registration District No. 3015
Registered No. 43
City Boonville, Mo. (No. Dr. A. Ravenswaay Clinic St. Ward)

2. FULL NAME Carl Ray Fischer 21
(a) Residence, No. St., Ward. Overton Mo.
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17th 1923
7. AGE: YEARS 15 MONTHS 2 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy.
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) May-1937
11. Total time (years) spent in this occupation U

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Mo. U

FATHER
13. NAME Carl Fischer U
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sandy Hook Mo.

MOTHER
15. MAIDEN NAME Margaret Karm.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Choteau Springs Mo

17. INFORMANT (ADDRESS) Carl Fischer Overton Mo.
18. BURIAL, CREMATION, OR REMOVAL Cem Boonville Mo
PLACE Walnut Grove DATE May 17 1938
19. UNDERTAKER (ADDRESS) Goodman & Boller Boonville, Mo.
20. FILED May 16 1938 D. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15th 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1937, to 5-15, 1938
I last saw him alive on 5-15, 1938 Death is said to have occurred on the date stated above, at 6:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma originating in tonsillar fossa post operative	8-1-37
Other contributory causes of importance: Metastasis to spine	10-1-37

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

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) Aubrey H. Wells, M. D.
(Address) 610 E. Spring Boonville, Mo.