

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

Do not use this space.

17164

1. PLACE OF DEATH
 89 County Ray Registration District No. 740
 Township Crooked River Primary Registration District No. 5975
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Lowell Clayton 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)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31-1927
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
5 3 30

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

13. NAME T. N. Fisher
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vina Mo

15. MAIDEN NAME Willie M Demint
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo

17. INFORMANT T. N. Fisher
 (ADDRESS) Livington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hardin DATE May 31 1932

19. UNDERTAKER Jno W Knipschild
 (ADDRESS) Hardin Mo

20. FILED June 1st 1932 R. W. Williford
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1932
 22. I HEREBY CERTIFY, That I attended deceased from May 30 1932 to May 30 1932
 I last saw him alive on May 30 1932 Death is said to have occurred on the date stated above, at 6:30 P. M.
 The principal cause of death and related causes of importance were as follows:

Stomach Poisoning
from Eating Spoiled Meat
1932
 Other contributory causes of importance: _____
 (1)

Date of onset May 29/32
40

Name of operation no Date of _____
 What test confirmed diagnosis? Clinical 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? _____
 If so, specify _____
 (Signed) Marvin Grimes, M. D.
 (Address) Hardin, Mo.

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

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.

JUN 24 1932

