

NOV 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County LewisRegistration District No. 477Township LickersonPrimary Registration District No. 5646City Ewing

(No. _____ St. _____ Ward)

File No. 38090Registered No. 1062. FULL NAME Elyah Willhaue 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.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5 - 1937

7. AGE YEARS MONTHS DAYS

90

YEARS

MONTHS 2DAYS 16

If LESS than 1 day, _____ hrs. or _____ min.

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

retired 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) Marion Co. Mo.13. NAME Elyah Willhaue Fisher14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lickerson Mo.15. MAIDEN NAME Tiola English Fisher16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lickerson Mo.17. INFORMANT (ADDRESS) Stacy B. Fisher Ewing, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE EwingDATE Oct. 23 193719. UNDERTAKER (ADDRESS) Thos. Ball & Son Ewing, Mo.20. FILED Oct. 23 1937H. W. Harris

Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21 193722. I HEREBY CERTIFY, That I attended deceased from Oct 20 1937 to Oct 21 1937I last saw him alive on Oct 21 1937. Death is saidto have occurred on the date stated above, at 7 A. M.

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

Chronic MyocarditisDate of onset 1934

Other contributory causes of importance:

Chronic Alveolar Neoplasia 1935

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) W. H. Harris(Address) Ewing, Mo.

