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

Do not use this space.

15258

REC'D MAY 23 1938

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township ~~Mason~~ — Primary Registration District No. 3029 — Registered No. 116

City Hannibal (No. 121 South 10th st St. Ward)

2. FULL NAME Eunice Pickney Fisher 260

(a) Residence, No. 121 South 10th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Phineas Dean Fisher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 19 1851

7. AGE: YEARS 86 — MONTHS 4 — DAYS 27 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saratoga Springs New York 1

FATHER

13. NAME: ----- Pickney 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER

15. MAIDEN NAME: Unknown 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mr Frank Fisher Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet Cem. DATE Apr. 18 1938

19. UNDERTAKER (ADDRESS): Smiths' Funeral Home Hannibal, Missouri

20. FILED Apr 19 1938 W C Fisher Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1930, to 4-16-38, 19..
I last saw her alive on 4-17-, 1938. Death is said to have occurred on the date stated above, at 6:00 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ~~Senility~~ | |
| ~~mg~~ Myocarditis | 1 week |
| 93 | |

Other contributory causes of importance: Arterio sclerosis

Name of operation: nd Date of
What test confirmed diagnosis? Was there an autopsy?

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) D Hardesty, M. D.
(Address) Hannibal Mo

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.

Dr. Hardesty