AUG 22 1927

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

Do not use this space.

22121

1. PLACE OF DEATH
County: Pemiscot
Township: Little Prairie
City: (No. ..... St. ..... Ward)
Registration District No. 651
Primary Registration District No. 5862
File No.
Registered No. 83

2. FULL NAME: Willie B. Fisher
(a) Residence. No. ..... 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: Male
4. COLOR OR RACE: Black
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): July 11, 1926
7. AGE: Years 1, Months 0, Days 4. If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Caruthersville, Missouri

PARENTS
10. NAME OF FATHER: Charley Fisher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Louisiana
12. MAIDEN NAME OF MOTHER: Delila Green
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): La.

14. INFORMANT: Charley Fisher
(Address): Caruthersville, Mo.
15. FILED: July 16 1927 Ada Martin, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 15 1927
17. I HEREBY CERTIFY, That I attended deceased from July 13 1927 to July 15 1927, that I last saw him alive on July 13 1927, and that death occurred, on the date stated above, at 9:00 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Enteritis
(duration) yrs. mos. 14 ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

1136

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) G. W. Phipps M.D.
7/16, 1927 (Address) Caruthersville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mason Cemetery
DATE OF BURIAL: July 16 1927
20. UNDERTAKER: La. Forge Und Co. ADDRESS: Caruthersville 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.