

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

Do not use this space.

6524

MAR 28 1935

1. PLACE OF DEATH
 County Randolph Registration District No. 734
 Township Alt river Primary Registration District No. 5969
 City (No.) St. Ward

2. FULL NAME Wesley Allen Fifer
 (a) Residence, No. Jacksonville, Mo. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 20 1854</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>3</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, hrs. or min.
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) <u>Randolph Co. Missouri</u>		
13. NAME <u>Winrod Fifer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
15. MAIDEN NAME <u>Mary Jane</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D. K.</u>		
17. INFORMANT <u>Alva Fifer</u> (ADDRESS) <u>Jacksonville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Phelps Chapel</u> DATE <u>Feb 16 1935</u>		
19. UNDERTAKER <u>snow Funeral Home,</u> (ADDRESS) <u>Moerly,</u>		
20. FILED <u>Feb 20 1935</u> <u>R.M. Carter</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1935 to Feb 14 1935
 I last saw him alive on Feb 14 1935. Death is said to have occurred on the date stated above, at 2:15 P m.
 The principal cause of death and related causes of importance were as follows:
Para Carcinoma of the prostate 2-1-35
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 Other contributory causes of importance:
Chronic Inflammation of the prostate 2-1-34

Name of operation no Date of no
 What test confirmed diagnosis? Phys Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19 no
 Where did injury occur? no
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) Dr. J. S. Jolly M. D.
 (Address) 201 Phelan
Moerly, 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.

