

APR 19 1935

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

Do not use this space.

9770

1. PLACE OF DEATH

County Livingsston
Township Blue Mound
City Livingsston (No.)

Registration District No. 5-15-
Primary Registration District No. 5-684

File No.
Registered No. 4
St. Ward)

2. FULL NAME

Ollee 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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 13

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.
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) Illinois

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT W. A. Fisher (ADDRESS) Livingsston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis DATE Mar. 23 1935

19. UNDERTAKER B. J. Neal (ADDRESS) Brazner, Mo.

20. FILED 3/22 1935 Theresa A. Haynes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/21, 1935, to 3/21, 1935. I last saw him alive on 3/21, 1935. Death is said to have occurred on the date stated above, at 8:30 a. m.

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

Chronic Myocarditis
930
Date of onset 1930

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? None 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) Thos. Moore M. D.
Rayflow (Address)

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.

2
31
31

1048

2:20
10:55 ship
7:30 AM.