

JAN 19 1937

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

Do not use this space.

45026

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 1043 West 57th Street Terrace St. _____ Ward)

File No. _____
Registered No. 5610

2. FULL NAME

Lacue H. Fisher

(a) Residence, No. 1043 West 57th Street Terrace Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 13, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 2 4

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

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) Ohio

13. NAME Unk Fisher

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Elmo S. Fisher (ADDRESS) 5535 Central Street,

18. BURIAL PLACE Mt. Moriah Cemetery Kansas City, Mo. DATE October 30, 1936

19. UNDERTAKER Stine & McClure (ADDRESS) 3235 Gillham Plaza

20. FILED Dec 29 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 27, 1936

22. I HEREBY CERTIFY That I attended deceased from July 3, 1936 to Dec 27, 1936. I last saw him alive on 12-27, 1936. Death is said to have occurred on the date stated above, at P. 11:20. The principal cause of death and related causes of importance were as follows:

neoplasm posterior mediastinum
breast cancer
coronary atherosclerosis
chronic myocarditis

Other contributory causes of importance: _____

arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? 0

23. If death was due to external causes (violence, accident, suicide, or homicide) in any of the following: _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

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. P. McCallen M. D.

(Address) 800 Argyle

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. J. H. ...

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Mediastinum