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.

REC'D MAR 22 1938

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

Do not use this space.

1. PLACE OF DEATH
County Pemiscot
Township
City Hayti (No. , St. Ward)

Registration District No. 653
Primary Registration District No. 4390

File No. 7702
Registered No. 23

2. FULL NAME Mrs. Lou C. Fisher 260
(a) Residence, No. Hayti St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 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 Charles Fisher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
82	6	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blevins Ark

FATHER
13. NAME Andy Blivins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER
15. MAIDEN NAME dont know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. John T. Mc Gougan Hayti Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Caruthersville DATE 2-11-1938

19. UNDERTAKER (ADDRESS) Ray Und. Co. Hayti Mo.

20. FILED 2-11, 1938 J.W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1938, to Feb. 10, 1938
I last saw her alive on Feb. 9, 1938 Death is said to have occurred on the date stated above, at 9 45 p.m.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

108

Date of onset

Other contributory causes of importance:
cystitis
senility

Name of operation Date of
What test confirmed diagnosis? S & S 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) A. S. Shirley, M. D.
(Address) Hayti, Mo.