BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RETURNED

1 PLACE OF DEATH
County Mahoning Registration District No. 1923 File No. 24142 773
Township Primary Registration District No. 8859 Registered No.
or Village No. St., Ward
or City of Youngstown (If death occured in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John S. Fisher

(a) Residence. No. 1308 Himrod Ave. St., 3 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	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth Copeland

6 DATE OF BIRTH (month, day, and year) Sept. 17, 1833

7 AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	5	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Pittsburg, Pa.
(State or country)

PARENTS

10 NAME OF FATHER Unable to learn
11 BIRTHPLACE OF FATHER (city or town) Unable to learn
(State or country)
12 MAIDEN NAME OF MOTHER Unable to learn
13 BIRTHPLACE OF MOTHER (city or town) Unable to learn.
(State or country)

14 Informant Samuel J. Fisher
(Address) Youngstown, Ohio

15 Filed APR 2 1920 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mch. 31. 1920

17 I HEREBY CERTIFY, That I attended deceased from Mar 31 1920 to Mar 30 1920
that I last saw him alive on Mar 30 1920
and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:
Accidental fall from window
Concussion of brain

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) G S Mervin M. D.
4-5 1920 (Address) 641 Shunway

*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. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Oak Hill Cem.	Apr. 2 1920

20 UNDERTAKER, License No. ADDRESS Youngstown Ohio.
John S. Derr & Son.

PHYSICIANS ... Exact statement ... OCCUPATION is very impo...

Citation:
"Ohio, United States records," images, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:33SQ-GPK4-SR2J?view=index : Nov 7, 2026), image 885 of 3298; Ohio Historical Society (Columbus, Ohio).
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