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

Do not use this space.

30606

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. 11th & Baltimore St. Ward)

2. FULL NAME Silas H. Fish Jr
(a) Residence. No. 701 N 5th St., Ward. Kansas City, Kansas
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 1903

7. AGE: 24 YEARS — MONTHS: ~~10~~ — DAYS: 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: K.C. Board of Trade

1943

9. BIRTHPLACE (CITY OR TOWN) Emporia
(STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER: Silas H. Fish
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Emporia
(STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER: Rachel Lee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N. York
(STATE OR COUNTRY) New York

14. INFORMANT: Silas H. Fish
(Address) 701 N 5th

15. FILED 10/31, 1927 M. M. Crowe Asst REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-30 1927

17. Coroner
I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Neck Broken
Multiple injuries - fell from
10th floor K.C. A.C. Building
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)
185
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Inspection
(Signed) H. E. Moss, M. D
10-30, 1927 (Address) Coroner

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Highland Park, K.C. Kans — DATE OF BURIAL: 11-1 1927

20. UNDERTAKER: Gibson & Son — ADDRESS: K.C. K.

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.

[illegible] THIS IS A PERMANENT RECORD