

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.

AUG 14 1935

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

Do not use this space.

19374

1. PLACE OF DEATH

County Dunklin Registration District No. 288
Township Independence Primary Registration District No. 5406
City (No.) St. Ward

2. FULL NAME

Harmon Denzil Fish
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Dec 10 1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 6 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) near Kennett mo

13. NAME Sherman Fish

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co mo

15. MAIDEN NAME Ocie M. Daniel

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

17. INFORMANT Sherman Fish (ADDRESS) Holcomb R1

18. BURIAL, CREMATION, OR REMOVAL PLACE fine city DATE 6-26 35

19. UNDERTAKER W. H. J. J. J. (ADDRESS)

20. FILED 8-16 1935 J. L. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25, 1935
22. I HEREBY CERTIFY, that I attended deceased from 6/25 to 6/25, 1935.
I last saw him alive on 6/25/35, 1935. Death is said to have occurred on the date stated above, at 10.9 a.m.

The principal cause of death and related causes of importance were as follows:
Principles Respiratory Date of onset 135

Other contributory causes of importance:
W. H. J. J.

Name of operation Date of
What test confirmed diagnosis Ampl Was there an autopsy?

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?
If so, specify

(Signed) John E. Campbell
(Address)

