MAY 21 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No. 16675
Township — Primary Registration District No. 2002 — Registered No.
City Joplin (No. 4 Freeman St. Hospital)

2. FULL NAME Wm E. Fish
(a) Residence, No. 708 McKinley 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) Sept unknown 1861
7. AGE YEARS 75 MONTHS 7 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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

FATHER
13. NAME No record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Mrs Clara Workhiser Joplin Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Fairview DATE 4-30-37
19. UNDERTAKER (ADDRESS) Heimbuttind Co. Joplin Mo
20. FILED 4-29-1937 Ed D Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 27, 1937
22. I HEREBY CERTIFY, That I attended deceased from 4-27, 1937, to 4-27, 1937
I last saw him alive on April 24, 1937 Death is said to have occurred on the date stated above, at 1:15 a.m. 4/26/37
The principal cause of death and related causes of importance were as follows:
Accidental death. Fracture at base of head - on right side thrown out of wagon in runaway mull
Date of onset
Other contributory causes of importance:
Name of operation none Date of
What test confirmed diagnosis? — Was there an autopsy? View
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accidental Date of injury 4/26, 1937
Where did injury occur? Joplin Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on street or alley
Manner of injury runaway mull
Nature of injury Fract at base of head
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. A. Winchester Coroner, M. D.
(Address) Joplin, Mo.