

~~FILED~~ APR 15 1941

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

9974
Do not use this space.

1. PLACE OF DEATH
 (a) County Bates Registration District No. 50
 (b) Township _____ Primary Registration District No. 3004
 (c) City Butler (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas W. Fish
 (a) Residence, No. Southern Hotel St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Lelia D. Fish

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 2, 1856

7. AGE	YEARS	MONTHS	DAYS	if LESS than 1 day, _____ hrs. or _____ min.
	<u>85</u>	<u>2</u>	<u>11</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Merchant
 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) Kentucky

FATHER
 13. NAME Joseph L. Fish
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
 15. MAIDEN NAME Margaret A. Metcalfe
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. E. J. King
Butler, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cab Hill DATE March 15, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Culver 53
Butler, Mo.

20. FILED March 15, 1941 Nina L. Culver
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1941

22. I HEREBY CERTIFY, That I attended deceased from Aug 1929, 19, to Mar 13th, 1941
 I last saw him alive on Mar 10th, 1941. Death is said to have occurred on the date stated above, at 8 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
12/18

Date of onset _____

Other contributory causes of importance:
Chronic nephritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? 70
 If so, specify _____
 (Signed) L. D. LaHue M. D.
 (Address) Butler, Mo.

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.

THIS IS A PERMANENT RECORD

RECEIVED

District Health Office No. 7,

District File Number 4141689

Date Filed 4/14/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

B. Denton Lisle

Licensed Embalmer No. 4123

P. O. Address *Butler, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.