

Copy DEC 27 1918

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

Do not use this space.

37500 I

1. PLACE OF DEATH

County St. Louis
Township Washington
City Madison (No. 11)

Registration District No. 843
Primary Registration District No. 6106

File No.
Registered No.
St. Ward)

2. FULL NAME

John C. Fielder
(a) Residence, No. Galena 11 - St., Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1918

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19 - 1847

22. I HEREBY CERTIFY, That I attended deceased from only saw him 15 or 20 times & not remember later did not keep any record of death Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:
Pullogra

7. AGE YEARS 71 MONTHS 1 DAYS 12 If LESS than 1 day, hrs. or min.

Other contributory causes of importance: 67 62
Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

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) Mar 3, 1918 in Army 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME John Fielder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do not know

15. MAIDEN NAME do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do not know

17. INFORMANT Mrs. A. L. Thomas (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Galena or some place DATE Nov 1, 1918

19. UNDERTAKER Behm & Shulman (ADDRESS)

20. FILED did not make records at home Registrar.

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 H. Hade M. D. (Address) Galena Mo

CAUSE OF DEATH IN plain text

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