JAN 19 1928

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

Do not use this space.

37395

1. PLACE OF DEATH
County Lafayette — Registration District No. 461 — File No. 94
Township Lexington — Primary Registration District No. 3124 — Registered No.
City (No. St. Ward)

2. FULL NAME Anderson Fields
(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: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Isabell Fields

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 11 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
53	1	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Labor Foreman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Union Bridge Co.

9. BIRTHPLACE (CITY OR TOWN) Durant
(STATE OR COUNTRY) Miss.

PARENTS
10. NAME OF FATHER Jackson Fields
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Miss
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT Isabell Fields
(Address) Lexington Mo

15. FILED Dec 23, 1927 J. D. Cope, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1927, to Dec 22nd, 1927, that I last saw him alive on Dec 20th, 1927, and that death occurred, on the date stated above, at 3:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac dropsy
75B
90B
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. W. Fredendall, M. D.
Dec 23, 1927 (Address) Lexington, Mo

*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: Lexington Mo — DATE OF BURIAL: Dec 24 1927

20. UNDERTAKER: Ernest Fegert — ADDRESS: Lexington 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.