

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

Do not use this space.

29950

1. PLACE OF DEATH

County Greene Registration District No. 11 File No. _____
 Township _____ Primary Registration District No. 5014 Registered No. 14
 City Hughes (No. _____) St. _____ Ward _____

2. FULL NAME David Evans 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marion Marie Fields

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 10, 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	84	2	8	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Mariner
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Benjamin Fields

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER Matilda Benge

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Pennsylvania

14. INFORMANT Mrs. Mary Fields (Address) Graham Mo.

15. FILED 9-19, 1929 C. W. Cole REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1929, to Sept 18 1929, that I last saw him alive on Sept 2, 1929, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) Old age
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) E. J. Morgan, M. D.

. 19 (Address) Graham 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 Graham Mo. DATE OF BURIAL Sept. 19 1929

20. UNDERTAKER Eric Burdett Co. ADDRESS Marionville, Mo.

