

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

Do not use this space.

10410

1. PLACE OF DEATH

County
Township
City St. Louis, Mo.

Registration District No. 791
Primary Registration District No. 10

File No.
Registered No. 2391
St. Ward)

2. FULL NAME

Nelson Fields
(a) Residence. No. 3135 1/2 Franklin Ave. St. 21 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

Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

Saura Fields

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

Not Known

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

abt.

57

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Train Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

Southey R. R. Co.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Princeton

(STATE OR COUNTRY)

Ind.

10. NAME OF FATHER

Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Not Known

(STATE OR COUNTRY)

Ind.

12. MAIDEN NAME OF MOTHER

Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Not Known

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Cordelia Haines
3135 1/2 Franklin Ave.

15.

FILED

19

May 21 1930
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-6 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1930, to Mar 6, 1930, that I last saw ~~him~~ her alive on Mar 5, 1930, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? (DATE OF)

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) B. W. Stittfield M. D.

, 19 (Address) 2202 Siddle

*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

DATE OF BURIAL

Indianapolis, Ind.

3-8-1930

20. UNDERTAKER

ADDRESS

A. S. Deal and Co.

Subst over

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.

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5
2
31

