OCT 31 1930

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

Do not use this space.

30636

1. PLACE OF DEATH
County Newton — Registration District No. 615 — File No.
Township Marion — Primary Registration District No. 5817 — Registered No. 18
City ..... (No. ..... St. ..... Ward)

2. FULL NAME George W. Fields
(a) Residence. No. Diamond, Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 7 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 Mable A. Fields

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 25-1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	6	25	

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

9. BIRTHPLACE (CITY OR TOWN) Greenupsburg Ky.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER John Fields
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Boyd
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT Lee Fields
(Address) Diamond Mo. R. 1

15. FILED Sept 21, 1930 U S Chapman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept-20 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1930, to Sept 20, 1930 that I last saw him alive on Sept 19, 1930, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of face and tongue
4513
52
(duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 48
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
(1) DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) R. F. Cheatham, M. D
9-21, 1930 (Address) Diamond 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: Ponca City, Okla. — DATE OF BURIAL: Sept 22 1930

20. UNDERTAKER: Bigham Undt Co — ADDRESS: Neosho

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.