SEP 26 1930

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

Do not use this space.

30638

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

File No. .....
Registered No. 17

2. FULL NAME Howard Elvin Fields
(a) Residence. No. Diamond R#1 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: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 29 1929

7. AGE: Years 1 — Months 1 — Days 10 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(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): Ponca City Okla.

PARENTS
10. NAME OF FATHER: George H Fields
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ponca City Okla
12. MAIDEN NAME OF MOTHER: Ruby E. Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Okla

14. INFORMANT (Address): George H Fields Diamond Mo. R#1

15. FILED 9-10, 1930 U S Chapman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept Sept 8, 1930, to Sept 9, 1930 that I last saw him alive on Sept 8, 1930 and that death occurred, on the date stated above, at 10:40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholera Infantum
1100 P
1130
(duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (SECONDARY): Not Known
(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? ✓
(Signed) C. E. Maness, M. D.
9-10, 1930 (Address) Nevada 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: 9/12 1930

20. UNDERTAKER: C Sutter Diamond — ADDRESS: 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.