

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

Do not use this space.

20307

**1. PLACE OF DEATH**

County Sullivan  
Township Pack  
City Near Milan (No. ....) (Ward) .....

Registration District No. 852  
Primary Registration District No. 6126

File No. ....  
Registered No. 13  
St. .... Ward) .....

**2. FULL NAME**

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 17, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
56 7 28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Indiana

**PARENTS**

10. NAME OF FATHER John Fields

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Sarah Behal

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pa. Penn.

14. INFORMANT (Address) Mrs. Geo. Simpson  
Milans, Mo.

15. FILED 5-17-31 Bertha McClary REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 15<sup>th</sup> 1930, to May 15<sup>th</sup> 1931, that I last saw him alive on May 15<sup>th</sup> 1931, and that death occurred, on the date stated above, at 9:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Influenza  
11A  
104A (duration) .... yrs. .... mos. 21 .. ds.

CONTRIBUTORY (SECONDARY) Cold + Germs (duration) .... yrs. .... mos. 21 .. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF .....

19. WHAT TEST CONFIRMED DIAGNOSIS? General Symptoms (Signed) L. G. Simpson, M. D.

May 16<sup>th</sup> 1931 (Address) Milans, 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 DATE OF BURIAL  
near Lovell Cem Milan Mo May 16 1931

20. UNDERTAKER ADDRESS  
C. A. Schoene Milans, 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.

JUN 29 1931

