DEC 23 1931

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

1102

Do not use this space.

38529

1. PLACE OF DEATH
County Pemiscot
Township Pascola
City ..... (No. ..... St. ..... Ward)

Registration District No. ~~[illegible]~~
Primary Registration District No. 5870

File No. .....
Registered No. 140

2. FULL NAME Isaac Walter Fields
(a) Residence, No. ..... Hayti 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 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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-9-1911
7. AGE YEARS 20 MONTHS 8 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 1931

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pemiscot Co Mo

FATHER
13. NAME James Calvin Fields
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pascola, Mo. Mo

MOTHER
15. MAIDEN NAME Dulcie Geneva Burden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Olive Branch Ill

17. INFORMANT (ADDRESS) Mrs. J C. Fields
18. BURIAL, CREMATION, OR REMOVAL PLACE Ing Ridge Cem DATE 11-22 1931
19. UNDERTAKER (ADDRESS) Dobbs Undertaker
20. FILED 11-22- 1931 J. W. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-21 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1931, to 11-21, 1931
I last saw him alive on 11-21, 1931. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	10-21-31

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. W. Rhodes, M. D.
(Address) Hayti, Mo

...very item of information should be ca... ...E should be stated EXACTLY... OF DEATH in plain terms, so that it may ... properly classified. Exact statement of OCCUPA...

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pemiscot — Registration District No. 1102 — File No.

Township Pascola — Primary Registration District No. 5870 — Registered No. 140

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Isaac Walter Fields

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 9-1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	20	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER

13. NAME James Calvin Fields

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Dulcie Geneva Burdus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) [illegible]

17. INFORMANT (ADDRESS) Mrs. J. E. Fields

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ing Ridge Cem. DATE 11-22 1931

19. UNDERTAKER (ADDRESS) Dorris Undertaker

20. FILED 1-30 1932 T. R. Cole
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Rhodes, M. D.

(Address) Hayti

SUPPLEMENTARY

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 [illegible] classified. Exact statement of OCCUPATION [illegible] important.

[illegible]RARS SHALL NOT RECEIVE A FEE FO[illegible]ES UNTIL THEY ARE COMPLETE AS PRESCRIBED [illegible] LAW

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