

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

Do not use this space.

35099

File No. ....

Registered No. 111

St. .... Ward

**1. PLACE OF DEATH**

County Christian Registration District No. 184  
Township Gruber Primary Registration District No. 5255  
City Easton

**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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
79 7 22

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

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) Missouri

13. NAME Allen Fielden

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

15. MAIDEN NAME Susan Weaver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Albert Fielden

18. BURIAL, CREMATION, OR REMOVAL PLACE Springdale DATE Mar 29 1932

19. UNDERTAKER (ADDRESS) T. B. Chaffin

20. FILED Dec 2 1932 Ruth Harrison Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1932, to Nov 28, 1932

I last saw him alive on Nov 27, 1932. Death is said to have occurred on the date stated above, at 10:00 m.

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

Lobar Pneumonia  
108  
978 / 08

Date of onset Mar 22

Other contributory causes of importance; mitral regurgitation

Name of operation ..... Date of .....  
What test confirmed diagnosis? none Was there an autopsy? No

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 ..... 1

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify. (Signed) R. R. Gostling, M. D.  
(Address) Easton 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.

22  
7-1932

