WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

36507

4424

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Blue — Primary Registration District No. 1002 — Registered No.

City Leeds Station (No. Leeds Hospital St. Ward)

2. FULL NAME Kan. City Fields - Walter

(a) Residence, No. 2112 E 17th 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. 5 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 Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 - 1884

7. AGE 49 YEARS 48 MONTHS 4 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Iowa

FATHER

13. NAME Fields - Thomas

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

MOTHER

15. MAIDEN NAME Johnson - Addie

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

17. INFORMANT (ADDRESS) K. C. T. B. Hosp. Leeds Station - K.C.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Leeds Mo DATE 11th 13th 1933

19. UNDERTAKER (ADDRESS) West Appleton & Jones 1600 Rd 19th St

20. FILED 11-12, 1933 M. M. Crowe Assn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct - 10, 1933 to Nov - 6, 1933

I last saw him alive on Nov - 5, 1933. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Pulmonary Tuberculosis T Mo

23A

Other contributory causes of importance

None

Name of operation None Date of

What test confirmed diagnosis? Spulum Was there an autopsy? No

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

Accident, suicide, or homicide? None Date of injury, 19

Where did injury occur? None (Specify city or town, county, and State)

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

Manner of injury None

Nature of injury

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

If so, specify None

(Signed) [illegible] M. D.

(Address) Kansas City Mo