

SEP 25 1935

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

Do not use this space.

26659

1. PLACE OF DEATH

County JACKSON Registration District No. 317 File No. 8549
Township RAW Primary Registration District No. 1 Registered No. _____
City KANSAS CITY (No. VINEYARD PARK HOSPITAL) St. _____ Ward _____

2. FULL NAME

ROBERT H. FIELDS

(a) Residence No. 1526 EAST 50TH St. _____ Ward UNION CITY TENNESSEE
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>MRS. NOLA FIELDS</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>OCTOBER 19-1900</u>		
7. AGE YEARS <u>34</u>	MONTHS <u>10</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>MANAGER</u>		11. Total time (years) spent in this occupation <u>13</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>POSTAL TELEGRAPH</u>		10. Date deceased last worked at this occupation (month and year) <u>1932</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNION CITY TENNESSEE</u>		
13. NAME <u>JOE FIELDS</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>		
15. MAIDEN NAME <u>MATTIE NAGIE JONES</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>WEEKLY COUNTY TENNESSEE</u>		
17. INFORMANT (ADDRESS) <u>MRS. MATTIE K. J. FIELDS UNION CITY, TENNESSEE</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>UNION CITY, TENN.</u> DATE <u>SEPT-1 1935</u>		
19. UNDERTAKER (ADDRESS) <u>D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI</u>		
20. FILED <u>8-31-35</u> in <u>in brown coat</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 31, 1935

22. HEREBY CERTIFY, That I attended deceased from Jan 1, 1939 to Aug 31, 1931
I last saw him alive on Aug 30, 1935. Death is said to have occurred on the date stated above, at 6:50 A.M.
The principal cause of death and related causes of importance were as follows:
Sub acute cholecystitis Date of onset 7-15-35

Other contributory causes of importance:
gastro ulcers + Peritonitis 1-1-35

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) J. H. Sheldon, M. D.
(Address) 522 Walnut

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.

604 Commerce Bldg.

12-3:45