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

OCT 17 1935

Do not use this space.

28608

1. PLACE OF DEATH
County AUDRAIN — Registration District No. 26 — File No.
Township — Primary Registration District No. 3002 — Registered No. 135
City MEXICO Mo (No. , St. Ward)

4
4
7

2. FULL NAME DENNIS M. FIELDS
(a) Residence, No. AUDRAIN Co. HOSP. Ward. PARIS, MO
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 5 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) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR. 2ND 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
82	5	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED RETAIL LUMBERMAN
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) 1914
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WASHINGTON Co. KY.

FATHER
13. NAME HENRY H. FIELDS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY.

MOTHER
15. MAIDEN NAME (unknown) PHILLIPS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY.

17. INFORMANT (ADDRESS) MRS. FRANK MATCHETT TULSA, OKLA.

18. BURIAL, CREMATION, OR REMOVAL
PLACE PARIS, MO. DATE 9/17 1935

19. UNDERTAKER (ADDRESS) SPEED + BLAKEY PARIS, MO

20. FILED Sept 16 1935 Blanche Keely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1935 to Sept 15, 1934
I last saw him alive on Sept 15, 1935. Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	
Chronic Cholecystitis	
Chronic Myocarditis	
Other contributory causes of importance:	
General Arteriosclerosis	

Name of operation none Date of —
What test confirmed diagnosis? findings Was there an autopsy? Partial

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) S H C Brashear, M. D.
(Address) Mexico Mo