

WRITE CLEARLY, 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.

JAN 15 1936

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

Do not use this space.

38734

1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City Poplar Bluff (No. St. Ward)

Registration District No. 89
Primary Registration District No. 3007

File No.
Registered No. 237

2. FULL NAME Earl Fields

(a) Residence, No. 312 Euclid St. St. Ward.
(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. (If nonresident, give city or town and State)

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 Namoni

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-14-1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 37 1 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. War Veteran
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) Stoddard Co. (STATE OR COUNTRY) Missouri

FATHER 13. NAME Leander C Fields

14. BIRTHPLACE (CITY OR TOWN) Stoddard Co. (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Martha Guess

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

17. INFORMANT Leander C Fields (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE WoodLawn Cem Poplar Bluff, Mo DATE Dec 8 1935

19. UNDERTAKER Frank Und Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED Dec 8 1935 O. C. Cotainger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from November 5, 1935 to December 7, 1935
I last saw him alive on 12-3-35, 19... Death is said to have occurred on the date stated above, at 1:08 P.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1924

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 J. W. McPheters
(Signed) J. W. McPheters, M. D.
(Address) Poplar Bluff, Mo.

