

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

Do not use this space.

21845-1

**1. PLACE OF DEATH**

County Jackson  
Township Clinton  
City Madison (No. \_\_\_\_\_)

Registration District No. 908  
Primary Registration District No. 4549

File No. \_\_\_\_\_  
Registered No. 30  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Virgil Eugene Fields

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**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 Laura Fields

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-13-1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
27 9 10

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fields

10. Date deceased last worked at this occupation (month and year) 8-6-36 11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co. Missouri

13. NAME L. W. Fields

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

15. MAIDEN NAME Martha Taylor

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

17. INFORMANT (ADDRESS) H. P. Fields Willow Springs

18. BURIAL, CREMATION, OR REMOVAL PLACE Central Rth DATE 5-4-1936

19. UNDERTAKER (ADDRESS) Patton Funeral Home Madison

20. FILED 7-6 1936 St. Bernard Montgomery

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3-1936

22. HEREBY CERTIFY, that I attended deceased from Madison, 1936. I last saw him alive on 8-13-1908, 1908. Death is said to have occurred on the date stated above, at 12:59 a.m. The principal cause of death and related causes of importance were as follows:

Car head on collision with truck, instantly killed.  
Date of onset 2-10-36  
Other contributory causes of importance: Drunk, drove into truck, unknown details.

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 \_\_\_\_\_, 1936

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) Dr. Wasserk  
(Address) Madison

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.

