

FEB 27 1937

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

Do not use this space.

975

1. PLACE OF DEATH

County Greene
Township
City Springfield

Registration District No. 318
Primary Registration District No. 2001

File No. _____
Registered No. 0070
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1070 E. Blaine St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 20 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 Louisa Fields

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 55 10 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger
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) Wyersman 3113. NAME John T. Fields 2614. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Pa. 3115. MAIDEN NAME Sarah16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyersman17. INFORMANT (ADDRESS) Mrs. Louisa Fields 1070 E. Blaine18. BURIAL, CREMATION, OR REMOVAL PLACE Clear creek DATE Jan 25, 193719. UNDERTAKER (ADDRESS) F. E. Thieme Springfield, Mo.20. FILED Jan 25, 1937 Chas A George M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 22, 193722. I HEREBY CERTIFY That I attended deceased from 1-18- 1937, to 1-22- 1937I last saw him alive on 1-22- 1937 Death is said to have occurred on the date stated above, at 5:00 a.m.

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

Pneumonia 1st. 1-20-37

Other contributory causes of importance:

Accident falling + perforating
Lungs 1-18-37

Name of operation Trocheotomy Date of 1-18-37
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? accident Date of injury 1-18-37Where did injury occur? N.W. of City on Wellman farm (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. IndustryManner of injury operating wood saw - splinterNature of injury of wood splinter thru in throat
and severed trachea

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Feller M. D.(Address) Springfield, Mo.

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.

