FEB 18 1937

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

Do not use this space.

1. PLACE OF DEATH
County New Madrid — Registration District No. 607 — File No. 2398
Township [illegible] — Primary Registration District No. 5-1806 — Registered No. 4
City Portage (No. 2 St. Ward)

2. FULL NAME Gayle Reeder Fielder
(a) Residence, No. Near Point Pleasant, Mo. 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. 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):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: [illegible]
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 14 - 1936
7. AGE: YEARS — MONTHS: One — DAYS: II — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Near Point Pleasant, Mo.

FATHER
13. NAME: John Auston Fielder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Obion County Tenn

MOTHER
15. MAIDEN NAME: Jennie Elizabeth Hawkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pomiscott county Mo

17. INFORMANT (ADDRESS): John Auston Fielder
18. BURIAL, CREMATION, OR REMOVAL: Burial
PLACE — DATE Jan 26 1937
19. UNDERTAKER (ADDRESS): Roy Coleman
20. FILED Jan 30 1937 Mary W. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan., 25, 37, 19
22. I HEREBY CERTIFY, That I attended deceased from Jan., 18th, 37, 19, to Jan., 20, 37, 19
I last saw him alive on Jan., 20th, 37 19 Death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:
Influenza & Broncho-pneumonia — Date of onset
Other contributory causes of importance: Nothing
Name of operation: None — 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?
If so, specify
(Signed) O. A. Reeder M.D.
(Address) Portageville, Mo.

WRITE PLAINLY 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.

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