

JUL 26 1937

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

Do not use this space.

250

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township _____ Primary Registration District No. _____
City St Joseph (No. State Hosp # 2) St. _____ Ward _____

File No. 23169
Registered No. 654
St. _____ Ward _____

2. FULL NAME

Hollis W Fields
(a) Residence, No. Hamilton Mo. St. Ward. Hamilton 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. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-10-64</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>1</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		11. Total time (years) spent in this occupation _____
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) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1937
22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to June 3 1937
I last saw him alive on June 2 1937 Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:

Epilepsy
Other contributory causes of importance: 85
Date of onset since age of 29

Name of operation None Date of _____
What test confirmed diagnosis? Chemical as there an autopsy? No

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 _____
(Signed) C. E. DeLoach M. D.
(Address) State Hosp # 2

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>W T Fields</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Anna Owen</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	17. INFORMANT <u>State Hosp # 2</u> (ADDRESS)
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hamilton Mo June 3 1937</u>
	19. UNDERTAKER <u>H. P. Dougherty</u> (ADDRESS) <u>Hamilton Mo.</u>
	20. FILED <u>6/3 1937</u> <u>H. J. Mitchell</u> Registrar.

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.

