

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

Do not use this space. X

AUG 31 1937

1. PLACE OF DEATH

County Sullivan Registration District No. 854
Township European Primary Registration District No. 6121
City No. _____ St. _____ Ward _____

File No. 28562

Registered No. _____

2. FULL NAME

(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. 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Senona Fields

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 24

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

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) Sullivan Co. Missouri

13. NAME Perry Fields

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) of Kentucky

15. MAIDEN NAME Sarah Madson

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

17. INFORMANT (ADDRESS) Mrs. J. S. Fields at the deceased farm

18. BURIAL, CREMATION, OR REMOVAL Fields Cem. June 30, 1937

19. UNDERTAKER (ADDRESS) C. A. Schoene Sullivan Mo.

20. FILED July 9, 1937 Geo Hagan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1937

22. I HEREBY CERTIFY That I attended deceased from June 5, 1937, to June 28, 1937

I last saw him alive on June 5, 1937. Death is said to have occurred on the date stated above, at 6:30 am.

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

sudden death.
Probably coronary embolism

Other contributory causes of importance: possibly fracture of fibula on June 5, 1937.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 5, 1937

Where did injury occur? Sullivan Co Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fell on him

Nature of injury fracture of neck & fibula

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

If so, specify _____

(Signed) J. S. Montgomery, M. D.

(Address) Millers, 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.

PHYSICAL PROPERTY OF CARBON APPLIED TO THE THEORY OF

184 B1

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

28562
Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 85-2
(b) Township Duncan Primary Registration District No. 6121 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Samuel Larve Fields

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as 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)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Nov 8 1937 Cleo Hagan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

158
Probably fracture of fibula
on June 5 - 1937

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? accident (Date of injury 6-5, 1937)

Where did injury occur? Sullivan Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

at the deceased's home

Manner of injury a jack fell on him

Nature of injury subluxation of knee, Fr. fibula

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

If so, specify farmer

(Signed) J. S. Montgomery, M. D.

(Address) milan mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

S-28562