

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

Do not use this space.

NOV 23 1937

1. PLACE OF DEATH

County Ray co
 Township North Wales
 City (No. _____) _____ St. _____ Ward _____

Registration District No. 915
 Primary Registration District No. 6236

File No. 38609

Registered No. _____

2. FULL NAME Andrew Fields

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

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 M. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife of) Lucy Ann Fields

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-4-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 9 9

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. Retired

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) Mo.

13. NAME Jackson Fields

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

15. MAIDEN NAME Jane Bales

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

17. INFORMANT (ADDRESS) Daughter

18. BURIAL, CREMATION, OR REMOVAL PLACE Brayman DATE 11-15-37

19. UNDERTAKER (ADDRESS) Alsprugh & Cowley

20. FILED Nov 15 1937 Neenan Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1933 to Jan 13, 1937

I last saw him alive on Nov. 12, 1937 Death is said to have occurred on the date stated above, at 2:20 P. m.

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

Chronic Pulmonary Bronchiectasis (Following influenza) Date of onset 5 years ago
Chronic Myocarditis (arteriosclerotic) 10 years ago
(H.S.)

Other contributory causes of importance:
Generalized Arteriosclerosis 15 years ago
Hypertrophied Prostate 10 years ago

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was 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) E. E. Goldberger, M. D.
 (Address) Palo, Mo.

CLASS OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATIONS very important.

