

REC'D MAR 15 1938

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

6298

Do not use this space.

1. PLACE OF DEATH
(a) County Camden Registration District No. 117
(b) Township Page Primary Registration District No. 5767 Registered No. 12
(c) City Camden (d) Street No. _____
(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 Charles Sylvester Fields 432
(a) Residence, No. County farm 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 3

OCCUPATION
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) Camden Co - Mo

FATHER
13. NAME ?
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER
15. MAIDEN NAME Lillie Fields
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co Mo

17. INFORMANT Lillie Fields & Mary O. Hester
(ADDRESS) Camden, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Roach DATE Feb 17 1938

19. FUNERAL DIRECTOR Barbosa - Woolery
(ADDRESS) Camden, Mo

20. FILED Mar 10 38 Fizzie Miller
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-15 1938, to 2-16 1938
I last saw him alive on 2-15 1938 Death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:
Stimulosis infectoria
of throat
Complicated by
gonorrhea
Septic tip
Date of onset 3D

Other contributory causes of importance:
none 95 h

Name of operation none Date of no
What test confirmed diagnosis? Phy. signs 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) Camden, Mo, M. D.
(Address) Camden, Mo
112

MO

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)