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.

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

REGD NOV 15 1938

35127
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan,
(b) Township
(c) City St. Joseph,
(d) Street No. St. Joseph's Hospital, 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.
435

Registration District No. 85
Primary Registration District No. 1001
Registered No. 1022

2. PRINT FULL NAME Cynthia Helen Fielding,
(a) Residence, No. 3104 Seneca St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 11, 1938

7. AGE: Years | Months | Days: 0 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child,
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) Saint Joseph, Missouri, 0

FATHER
13. NAME LeRoy N. Fielding, 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York, New York, 1

MOTHER
15. MAIDEN NAME Helen Hatch,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dorchester, Massachusetts,

17. INFORMANT Rev LeRoy N. Fielding
(ADDRESS) 3104 Seneca Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE Oct. 13th. 1938

19. FUNERAL DIRECTOR Heaton-Bryant-Brown Funeral Home
(ADDRESS) 319 S. 10th. Str.

20. FILED Oct 13, 1938 [illegible]
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 19..., to ..., 19...
I last saw h... alive on Stillborn, 19... Death is said to have occurred on the date stated above, at 11:00 p.m.
The principal cause of death and related causes of importance were as follows:

Stillborn
Death occurred several days prior to delivery

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical 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) Maxwell Day, M. D.
(Address) 214 N. 7th

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER.

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself Oct 12, 1938

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

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