

AUG 10 1939

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

26604

Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski Registration District No. 724
(b) Township York Primary Registration District No. 5955
(c) or 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 H32 Alford 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR 4 - 1830

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
89 4 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
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 1

12. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs. Chester Parker (ADDRESS) Powersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wyreka Cem. DATE July 30, 193919. FUNERAL DIRECTOR (NAME) Beary-Hatton Co. (ADDRESS) Powersville, Mo.20. FILED July 30 1939 Mrs. D.W. Pollock Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to July 20, 1939. I last saw him alive on July 20, 1939. Death is said to have occurred on the date stated above, at 4:10 p.m. The principal cause of death and related causes of importance were as follows:

Gangrene of foot. Date of onset judged 0

Other contributory causes of importance:

Chronic glomerular nephritis

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

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) S. W. McDonald M.D.(Address) Powersville, Mo.

----- AUG 4 1939 -----
District File Number 8-39-1376
District Health Officer No. 10

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, W. F. Wightman

....., Registered Apprentice No.
working under my personal supervision.

Signed W. F. Wightman

Licensed Embalmer No. 3614

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.