

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

Do not use this space.

23671

1. PLACE OF DEATH

County Way
Township Boyer
City Portageville (No. _____)

Registration District No. 602
Primary Registration District No. 9361

File No. 24
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Alden Fuller 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (use the word) child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-11-1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5 6 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Portageville Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Raymond Fields

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marshall Tenn
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Roxie Cates

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Portageville Mo
(STATE OR COUNTRY)

14. INFORMANT Raymond Fields
(Address) Portageville Mo

15. FILED 81 19 30 Ch. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-2-1930

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1930, to July 7, 1930, that I last saw him alive on July 7, 1930, and that death occurred, on the date stated above, at 121 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Colic

120E
1146 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTOR (SECONDARY) _____ (duration) _____ yrs. _____ mos. 22 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. H. Kelley M. D.
, 19 _____ (Address) Portageville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Portageville Cemetery DATE OF BURIAL 7-8-1930

20. UNDERTAKER R. M. Payne ADDRESS Portageville 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.

