

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

Do not use this space.

4199

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 787
5003
Primary Registration District No. 5041
Newington Mo

File No.....
Registered No. 1188
St. Ward)

2. FULL NAME

(a) Residence, No. 5041 Newington Mo St. 18 Ward.

(If nonresident, give city or town and State)

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 White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Fairfield		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-8-1854		
7. AGE	YEARS 78	MONTHS 9
	DAYS 23	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville Mo.	
	13. NAME Frances Valle	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kaskaskee Mo.	
	15. MAIDEN NAME Columbia Holden	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bardonia Ky.	
17. INFORMANT Nattie V. Gandy (ADDRESS) Frankfort Mo		
18. BURIAL, CREMATION, OR REMOVAL PLACE Salvatory Cem. DATE Died Feb. 3, 1933		
19. UNDERTAKER (ADDRESS) Alphred & Sons 1617 1/2 Jefferson Blvd St. Louis		
20. FILED FEB - 2 1933 Ray C. Parker Regist'ar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1933 to Jan 28, 1933. I last saw h. et alive on Jan 28, 1933. Death is said to have occurred on the date stated above, at 4 A.M.

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

Acute Cardiac Dilatation
9:30
9:30
9:30
Other contributory causes of importance:
Myocarditis (Chronic) ?

Date of onset
1-9-33

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify

(Signed) J. F. Cleveland M. D.
(Address) 5930 Southwest Cir

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.

Ms. Fairfield