

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

Do not use this space.

19809

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Townshp Kew Primary Registration District No. _____ Registered No. _____
 City Kansas City (No. R.C. General Hospital) St. 2524 Ward _____

2. FULL NAME Fields, Rick

(a) Residence, No. 1631 Jefferson St. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-12 1933

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

22. I HEREBY CERTIFY, That I attended deceased from 6-10 1933 to 6-12 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22, 1888

I last saw him alive on 6-12 1933 Death is said

7. AGE YEARS 64 MONTHS 7 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 11:15 A.M.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher

Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Ruptured Heart; Coronary Disease with aortic aneurysm occlusion.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

Name of operation _____ Date of _____

13. NAME William Fields

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Reverend Clerk (ADDRESS) Reverend Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds DATE June 16 33

19. UNDERTAKER Frank & John (ADDRESS) _____

20. FILED 6-16 1933 M.M. Crowe Registrar.

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.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

[Handwritten signature: JTB]

(Signed) J. J. General, M. D.
 (Address) Supt. R.C. Gen. Hosp. K.C. Mo.

