

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

Do not use this space.

**JAN 9 1937**

**44205**

**1. PLACE OF DEATH**

County COOPER Registration District No. 218  
 Township ..... Primary Registration District No. 3015  
 City Poonville, (No. East Poonville, St. .... Ward)

File No. ....

Registered No. 145

**2. FULL NAME** Walter K. Fields

(a) Residence, No. East Water Street 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Negro 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) Apr. 26, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
8 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
 9. Industry or business in which work was done, as silk mill, 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) Boonville,  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Smith Fields

14. BIRTHPLACE (CITY OR TOWN) Poonville,  
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Sarah Diggs

16. BIRTHPLACE (CITY OR TOWN) Speed,  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Smith Fields  
 (ADDRESS) East Water St. Poonville, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Dec. 29, 1936

19. UNDERTAKER L. P. McCristen  
 (ADDRESS) Boonville, Mo.

20. FILED Dec 29 1936 [Signature]  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1936

22. I HEREBY CERTIFY That I attended deceased from Dec. 25th, 1936, to some date in Jan, 1936  
 I last saw him alive on Dec. 25th, 1936 Death is said to have occurred on the date stated above, at 5 A.M.  
 The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset

Other contributory causes of importance

Name of operation X 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? no Date of injury ..... 19.....  
 Where did injury occur? no (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) [Signature], M. D.  
 (Address) Boonville, Mo.

