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.

64 REC'D MAR 24 1938

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

8051
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois 3 Registration District No. 773
(b) Township St. Francois 1 Primary Registration District No. 6018A Registered No. 26
(c) City ~~Farmington~~ (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 David L. Fielder 436
(a) Residence, No. St. Louis, Missouri St. ☐
(Usual place of abode, if no street address, write county or city) (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 (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27th, 1878
7. AGE: YEARS 59 MONTHS 4 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. not known
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER
13. NAME Wm. Fielder 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 9

MOTHER
15. MAIDEN NAME Mary C. Griffin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) State Hospital #4 Records Farmington, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis Mo. DATE 3/2/38 19
19. FUNERAL DIRECTOR (ADDRESS) C. R. Lupton & Sons St. Louis, Missouri
20. FILED Mch 1 1938 B. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28-38 19

22. I HEREBY CERTIFY, That I attended deceased from 9-7, 1934, to 2-28-, 1938
I last saw him alive on 2-28, 1938 Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

General Parisis — Date of onset

82.

Other contributory causes of importance:
Cardio-Renal complications

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical & Lab. 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 ....., 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) P. S. Tate, M. D.
1099 (Address) State Hosp. #4 of Farmington Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Clarence H. Murray, Licensed Embalmer No. 4011

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Clarence H. Murray L. E. —

No. 4011 or by —, Registered Apprentice No. —

working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)