

MAR 9 1939

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

5285
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 484
 (c) City Kansas City, Mo. (d) Street No. 5503 East 10th, Street, K. C. Mo. 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 Frankie Lee Fields,

(a) Residence, No. 5503 East 10th, Str., K.C. Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30th, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
- - - 1-Week Old

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Infant
 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

FATHER 13. NAME Frank Fields

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

MOTHER 15. MAIDEN NAME Arizona Black

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

17. INFORMANT (ADDRESS) Frank Fields
5503-E-10th

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cem. DATE Feb. 6th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C.L. Forster
918 Brooklyn Avenue, K.C. Mo.

20. FILED 76 1939 M.M. Browne
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 5th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1939 to Feb 5 1939
 I last saw him alive on Feb 5 1939 Death is said to have occurred on the date stated above, at 1:25 A.M. m.

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

Lobar pneumonia Date of onset 2-3-39

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 or deceased? no

If so, specify (Signed) Luther W. Smith, M.D.
 (Address) 3620 Troast Ave

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.

Embalmers
County Clinic.
Phone 810 553

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.