

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

Do not use this space.

21596

**1. PLACE OF DEATH**

County..... Ray  
Township..... Richmond  
City..... Richmond (No....., St....., Ward.....)

Registration District No. 744  
Primary Registration District No. 3035

File No.....  
Registered No. 53

**2. FULL NAME..... Marion L. Fields ( Col )**

(a) Residence. No..... 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Black 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) 7-31-1918

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
9 10 0

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work School Girl  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Richmond Mo.

**10. NAME OF FATHER**

Mansur Fields

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Henrietta Mo.

**12. MAIDEN NAME OF MOTHER** Luellan Turley

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Richmond Mo.

**14.**

INFORMANT Mansur Fields  
(Address) Richmond Mo.

**15.**

FILED June 28 1928 R. L. Hamilton  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/1/28 1928

17. I HEREBY CERTIFY That I attended deceased from May 22, 1928, to June 1, 1928, that I last saw him alive on June 1, 1928, and that death occurred, on the date stated above, at.....

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Internal injury from falling out of a tree  
(duration)..... yrs..... mos. 8 da.

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W. G. Combs, M. D.

June 28, 1928 (Address) Richmond, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Sunny Slope Cem.

**DATE OF BURIAL**

6/3/28 19

**20. UNDERTAKER**

J. P. Mansour

**ADDRESS**

Richmond

K. 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.

