

Fields, James Porter 1896 - 1942

DR. HEIZER

Form V. R. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 17672
Registrar's No. 2165

Registration District No. 500 620 Primary, Registration District No. 2165

<p>1. PLACE OF DEATH:</p> <p>(a) County <u>FAYETTE</u></p> <p>(b) City or town <u>LEXINGTON</u></p> <p>(c) Name of hospital or institution: <u>GOOD SAMARITAN HOSPITAL</u> <small>(If not in hospital or institution write street number or location)</small></p> <p>(d) Length of stay: In hospital or community <u>THREE DAYS</u> <small>(years, months or days)</small></p>	<p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>KENTUCKY</u> (b) County <u>FAYETTE</u></p> <p>(c) City or town <u>LEXINGTON</u> <small>(If outside city or town limits, write RURAL)</small></p> <p>(d) Street No. <u>234 KENTUCKY AVE.</u> <small>(If rural give precinct)</small></p> <p>(e) If foreign born, how long in U. S. A. ? _____ years</p>								
<p>3(a) FULL NAME <u>JAMES PORTER FIELDS</u></p> <p>3(b) If veteran, _____ 3(c) Social Security No. <u>404-10-4908</u></p> <p>4. Sex <u>MALE</u> 5. Color or race <u>WHITE</u> 6(a) Single, widowed, married, divorced <u>MARRIED</u></p> <p>6(b) Name of husband or wife <u>ETTA KEARNS FIELDS</u></p> <p>6(c) Age of husband or wife if alive <u>49</u> Years</p> <p>7. Birth date of deceased <u>FEB'Y. 10 1896</u> <small>(Month) (Day) (Year)</small></p> <p>8. AGE: Years <u>46</u> Months <u>6</u> Days <u>11</u> If less than one day hr. _____ min.</p> <p>9. Birthplace <u>HARRISON COUNTY, KENTUCKY</u></p> <p>10. Usual occupation <u>CARPENTER</u></p> <p>11. Industry or business <u>GENERAL</u></p>	<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>20. DATE OF DEATH <u>AUGUST 21,</u> 19 <u>42</u></p> <p>21. I hereby certify that I attended the deceased from <u>Aug 19 1942</u> to <u>Aug 21 1942</u> that last saw him alive on <u>Aug 21 1942</u> and that death occurred on the date stated above at <u>10:20 P. M.</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Immediate cause of death</th> <th style="width: 20%;">DURATION</th> </tr> </thead> <tbody> <tr> <td><u>Concussion of brain</u></td> <td><u>3 days</u></td> </tr> <tr> <td>Due to <u>Injury - skull fracture</u></td> <td></td> </tr> <tr> <td>Other conditions _____ <small>(Include pregnancy within 3 months of death)</small></td> <td></td> </tr> </tbody> </table> <p>Major findings: Of operations <u>Extradural hematoma</u></p> <p>Of autopsy _____</p>	Immediate cause of death	DURATION	<u>Concussion of brain</u>	<u>3 days</u>	Due to <u>Injury - skull fracture</u>		Other conditions _____ <small>(Include pregnancy within 3 months of death)</small>	
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<p>FATHER { 12. Name <u>J. W. FIELDS</u></p> <p>13. Birthplace <u>HARRISON COUNTY, KY.</u></p> <p>MOTHER { 14. Maiden name <u>SARAH ANN McLONEY</u></p> <p>15. Birthplace <u>HARRISON COUNTY, KENTUCKY</u></p> <p>16(a) Informant's own signature <u>Etta K. Fields</u></p> <p>(b) Address <u>234 KENTUCKY AVE. LEXINGTON, KY</u></p> <p>17. BURIAL, CREMATION, OR REMOVAL Place <u>CYNTHIANA</u> Date <u>AUG. 23,</u> 19 <u>42</u></p> <p>18(a) Signature of funeral director <u>SMITH-REES Co.</u></p> <p>(b) Address <u>CYNTHIANA</u></p> <p>19(a) <u>August 25, 1942</u> (Date received by local registrar) <u>Margaret Sullivan</u> (Registrar's signature)</p>	<p>22. If death was due to external causes, fill in the following:</p> <p>(a) Accident, suicide, or homicide (specify) <u>accident</u></p> <p>(b) Date of occurrence <u>Aug 19 1942</u></p> <p>(c) Where did injury occur? in <u>at home</u>, on farm, in industrial place, in public place? <u>on job at door</u> <small>(Specify type of place)</small></p> <p>While at work? <u>yes</u> (e) Means of injury <u>fall</u></p> <p>23. Signature <u>W. L. Heizer Jr.</u> (M. D. or other) Address <u>Lexington Ky</u> Date signed <u>Aug 24 1942</u></p>								