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

SEP 28 1927

Do not use this space.
Cof
24079

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 2001
City Springfield (No. 632 E Grant St. Ward)
File No.
Registered No. 498

2. FULL NAME Mary E. Fielder
(a) Residence. No. 632 E. Grant 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: F.
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Wid

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OR~~ (OR) ~~WIFE OF~~ Benj. Fielder

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 28-1845

7. AGE: Years 81 | Months 10 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECESASED
(a) Trade, profession, or particular kind of work: Home
(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) Missouri

PARENTS
10. NAME OF FATHER Mathew Barnes
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) N. C.
12. MAIDEN NAME OF MOTHER Lucile Tourneau
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky

14. INFORMANT Mrs. R. L. Matthews
(Address) Springfield Mo.

15. FILED 8/13 1927 O C Horst MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/11 1927

17. I HEREBY CERTIFY, That I attended deceased from ..., 1925, to Aug, 1927, that I last saw her alive on 8/11, 1927, and that death occurred, on the date stated above, at noon

THE CAUSE OF DEATH* WAS AS FOLLOWS:
91-A
Pulmonary Tuberculosis
8 M
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) Nephritis
(duration) ... yrs. ... mos. ... ds.

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) K. W. Cox, M. D
8/12, 1927 (Address) 223½ South

*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: Hazelwood Cem
DATE OF BURIAL: 8 1927

20. UNDERTAKER: Alma Lohmeyer
ADDRESS: SPRINGFIELD, MO.

A. 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.