24 1928

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

8327

1. PLACE OF DEATH
County Cooper — Registration District No. 218 — File No. ____
Township ____ — Primary Registration District No. 3015 — Registered No. 28
City Boonville (No. ____ St. ____ Ward)

2. FULL NAME Mrs Susan Fields
(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. ____ ds. How long in U.S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4-1850

7. AGE: Years 78 — Months — Days 26 — If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Kentucky

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ____ (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Redd
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ____ (STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs Pleasant Humphreys (Address) Boonville Mo

15. FILED Apr. 1 - 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, 1928, to Mch 31, 1928, that I last saw her alive on Mch 31, 1928, and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis agitans
[illegible]
162
8413
(duration) ____ yrs. 3 mos. ____ ds.

CONTRIBUTORY (SECONDARY) old age
(duration) ____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ____
8 DID AN OPERATION PRECEDE DEATH? ____ DATE OF ____
WAS THERE AN AUTOPSY? ____
WHAT TEST CONFIRMED DIAGNOSIS? ____
(Signed) R Lowsie, M. D
Mch 31, 1928 (Address) Boonville 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: City Cemetery — DATE OF BURIAL: April 1 1928

20. UNDERTAKER: Goodman & Boller — ADDRESS: Boonville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state