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

Do not use this space.

324

85

File No. 84

Registered No.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001

Township: — Primary Registration District No.:

City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME: Bettie Ann Field,

(a) Residence. No. St., Ward. Mound City, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Single, |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 24, 1927

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 1 | 1 | 26 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Forest City,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER George N. Field,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Forest City,
(STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Daisy Hunt,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Forest City,
(STATE OR COUNTRY) Missouri,

14. INFORMANT George N. Field
(Address) Mound City, Missouri.

15. FILED JAN 21 1929 John L. Ott REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20. 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1929, to Jan 20, 1929 that I last saw h. alive on, 19, and that death occurred, on the date stated above, at 10:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Purpura Hemorrhagica

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY) Probably influenza

(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Polk County Mo

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Blood analysis

(Signed) Jacob Geiger, M. D

Jan 21, 1929 (Address) 212 Kirkpatrick Bldg.

*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 | DATE OF BURIAL |
|---|---|
| Mound City, Missouri, | Jan. 22, 1929 |
| **20. UNDERTAKER** | **ADDRESS** |
| Sheadon-Beyer & Bowman | 319 S. 10 St. |

Funeral Home

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD