MAR 27 1929

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.

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

Do not use this space.

7816

1. PLACE OF DEATH
County Ste Genevieve — Registration District No. 783 — File No.
Township Saline — Primary Registration District No. 6029 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME James L. Field
(a) Residence. (Usual place of abode) No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
Length of residence in city or town where death occurred 59 yrs. 5 mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 8 1869

7. AGE: Years 59 — Months 5 — Days 10 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Coffman
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: James Field
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Josephine Trifford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ste Genevieve
(STATE OR COUNTRY): Missouri

14. INFORMANT: Rudolph E. Field
(Address): Coffman Mo

15. FILED Feb 18, 1929 C A Boyd Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 18 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw b..... alive on ....., 19....., and that death occurred, on the date stated above, at 1 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
82A Apoplexy
(Verdict of Jury)
Cerebrial Hemorrhage
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 7401
..... (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) Leo C Basler Coroner M.D.
2/18, 1929 (Address) Ste Genevieve 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~~: Nancy Cemetery Mo — DATE OF BURIAL: Feb 19 1929

20. UNDERTAKER: John Basler Ste Genevieve Mo — ADDRESS