JUN 29 1931

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

Do not use this space.

19109

1. PLACE OF DEATH
County St Francois — Registration District No. 775 — File No.
Township Perry — Primary Registration District No. 6020 — Registered No. 46
City ~~Bonne Terre~~ (No. ..... St. ..... Ward)

2. FULL NAME Vevil Mofield
(a) Residence, No. Flat River, Mo 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 10 - 1910

7. AGE: YEARS 21 — MONTHS 3 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler County Mo.

FATHER
13. NAME Clarence D. Peyton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Ill.

MOTHER
15. MAIDEN NAME Grace Sanders
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter County, Mo.

17. INFORMANT (ADDRESS) Clarence D Peyton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Coon Island Cemetery Butler County DATE May 14, 1931

19. UNDERTAKER (ADDRESS) Phelps Und. Co. Poplar Bluff, Mo.

20. FILED 5/12 1931 T. A. Bon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:45 p.m.
The principal cause of death and related causes of importance were as follows:

Gunshot wounds at the hand of her husband Herman Mofield.
(Verdict of Coroner's Jury.)

Date of onset

Other contributory causes of importance:
Pneumonia of Rt. Lung.
173 (Traumatic)
1943

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury May 2, 1931
Where did injury occur? Flat River Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
in home.
Manner of injury Shot with revolver. (Rt. thigh
Nature of injury 4 wounds, in lungs, left arm &

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. B. Lester Coroner, M. D.
(Address) Desloge Mo.