

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

Do not use this space.

13

1. PLACE OF DEATH

County ADAIR
Township
City KIRKSVILLE MO (No.)

Registration District No. 4
Primary Registration District No. 3001

File No.
Registered No. 8
Ward

2. FULL NAME CLARA T FIELDS

(a) Residence, No. N HIGH ST St., Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SINGLE		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-28-1884</u>		
7. AGE YEARS 47	MONTHS 7	DAYS 18	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. DEPT CO CLERK 195			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. COUNTY OF ADAIR			
	10. Date deceased last worked at this occupation (month and year) <u>DEC 31 1931</u>		11. Total time (years) spent in this occupation <u>13 years</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbina Mo

13. NAME **WM T FIELDS**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

15. MAIDEN NAME Matilda E Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Pearl Fields KIRKSVILLE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE SHELBYNA MO DATE Jan 18, 1932

19. UNDERTAKER (ADDRESS) Wagon Co. Kirksville, Mo

20. FILED Jan 18, 1932 Mrs C. H. Becker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 1-16, 1932

I last saw her alive on 1-16, 1932. Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

48 Myocarditis acuta 2 hrs
153 E
93A
Other contributory causes of importance:

Cancer of Semivertebrae organs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury (D)

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Stibler, M. D.

(Address) Kirksville, Mo

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

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.

1932

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

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Adair Registration District No. 4
 Township Kirksville Primary Registration District No. 3001
 City Kirksville (No.) St. Ward)

File No.

Registered No. 8

2. FULL NAME

(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 <u>M</u>		4. COLOR OR RACE <u>W</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>S.</u> <small>(write the word)</small>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u> </u>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u> </u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>				
	10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>					
MOTHER FATHER	13. NAME <u> </u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>				
	15. MAIDEN NAME <u> </u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>				
17. INFORMANT (ADDRESS) <u> </u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u> </u> DATE <u> </u> , 19 <u> </u>					
19. UNDERTAKER (ADDRESS) <u> </u>					
20. FILED <u>Mar 9</u> , 19 <u>37</u> <u>Mrs C H Becker</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16, 19 37

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

myocarditis acute Date of onset

Other contributory causes of importance:
Cancer of generative organs of
Cancer of uterus
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) , M. D.
 (Address)

SUPPLEMENTARY

S-13

C