

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

Do not use this space.

1862

File No.
Registered No. 1
St. Ward)

1. PLACE OF DEATH
69 County Monroe Registration District No. 582 583
Township Jefferson Primary Registration District No. 5781A
City (No.) St. Ward)

2. FULL NAME MATILDA JANE INFIELD
(a) Residence. No. St. Ward.
(Usual place of abode) about (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Redmond L. Infield
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3, 1844
7. AGE YEARS MONTHS DWS If LESS than 1 day, hrs. or min.
85 8 17
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. at home
(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) Mo.
10. NAME OF FATHER Wm. H. Haines
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Jennie Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Ky.

14. INFORMANT Mrs. Hattie Ellis
(Address) Stoutsville, Mo.
15. FILED 3/20 32 W.T. Bell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 20 1932
17. I HEREBY CERTIFY, That I attended deceased from Jan. 14 1932, to Jan 20 1932 that I last saw him alive on Feb. 20 1931, and that death occurred, on the date stated above, at 5120 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
general Arterio Sclerosis
92C
97 (duration) 3 yrs. mos. ds.
CONTRIBUTORY cerebral softening (SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) W.T. Bell M. D.
1/20 1932 (Address) Stoutsville, 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 Stoutsville, Mo. DATE OF BURIAL 1/21 1932
20. UNDERTAKER Speed & Slakey ADDRESS Paris, Mo

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.

FEB 24 1932

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