

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

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4667

1. PLACE OF DEATH

County Jackson Registration District No. 352
 Township Kear Primary Registration District No. 1004
 City Kansas City (No. Research Hopt) St. _____ Ward _____

File No. _____

Registered No. 522

2. FULL NAME

Jed. Albert Field
 (a) Residence No. 2618 Lockridge 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 Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 12 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Red Conductor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chicago Great Western
 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) 31

MOTHER FATHER 13. NAME Albert G. Field

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhode Island

15. MAIDEN NAME Anna Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhode Island

17. INFORMANT (ADDRESS) Lulu Field Rogers
2618 Lockridge

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Chp DATE 2-11 1932

19. UNDERTAKER (ADDRESS) Coy Law Funeral Home
51800 Sunwood Blvd

20. FILED 1/9 1932 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 1932

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

Accidental Automobile
Fracture of the skull
2/10
 Other contributory causes of importance:
Older than
 Date of onset 3.00

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. 17

Manner of injury _____
 Nature of injury _____

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

If so, specify _____
 (Signed) Monty Hall M. D.
 (Address) 1850 1/2

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.

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