

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

Do not use this space.

5383

**1. PLACE OF DEATH**

64 County Marion Registration District No. 547  
Township X Primary Registration District No. 3229  
City Hannibal (No. 1601), Booker St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 47  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mary Fiffield

(a) Residence, No. 1601 Booker 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Fiffield</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 15 1843</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>9</u>	DAYS <u>25</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
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)  
Pike Co. Missouri

13. NAME Hedgman Keithley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
no state 31  
no state

15. MAIDEN NAME Plincy

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

17. INFORMANT Mrs. R. L. McCullough (Daughter)  
(ADDRESS) 1601 Booker Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE mt Olivet DATE Feb 10, 1932

19. UNDERTAKER Thos M. Smith  
(ADDRESS) 902 Berry Hannibal, Mo.

20. FILED Feb 13 1932  
Causes  
Deputy Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1931, to Feb 10, 1932

I last saw him alive on Feb 9, 1932. Death is said to have occurred on the date stated above, at 12:35 a.m.

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

Organic heart lesion  
162 95 100  
Other contributory causes of importance: Senility

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ 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? no

If so, specify \_\_\_\_\_

(Signed) A. L. Charles, M. D.

(Address) Hannibal, 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.

MAR 24 1932

