

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.

91 1932

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

Do not use this space.

18556

1. PLACE OF DEATH
County Adair Registration District No. 4
Township Benton Primary Registration District No. 3001
City Kusterville (No.) St. Ward
2. FULL NAME Mrs. Mattie E. Fields
(a) Residence, No. 71 High St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 34 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF William F. Fields
Sept. 3-1886 June 16, 1932
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 9 11
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) Roanoke Missouri
13. NAME Harvey Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
15. MAIDEN NAME Mattie E. Thompson
Sarah W. E. Ballard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
17. INFORMANT Perle E. Fields
(ADDRESS) 719 Milant Fair Bldg. Denver Co
18. BURIAL, CREMATION, OR REMOVAL PLACE Helbina, Mo DATE June 17, 1932
19. UNDERTAKER Davis & Wilson
(ADDRESS) Arkansas, Mo
20. FILED 6/28, 1932 E. Becker
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1932
22. I HEREBY CERTIFY, That I attended deceased from March 9, 1932 to June 16, 1932
I last saw her alive on June 10, 1932 Death is said to have occurred on the date stated above, at 8:30 a. m.
The principal cause of death and related causes of importance were as follows:
lobar pneumonia
108
107 108
Other contributory causes of importance:
hypertension (D)
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) R. P. Ellis, M. D.
(Address) Picksville, Mo.

1932-6-16
1856-9-5

75-9-18