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.

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 19595
Township Kaw — Primary Registration District No. 2002 — Registered No. 2405
City Kansas City (No. Wheatley Prov. Hospital St. Ward)

2. FULL NAME Ethel Fields
(a) Residence, No. 410 W. 43rd 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 Fe
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1886
7. AGE YEARS 46 MONTHS 3 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 244
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) Mo. 1

FATHER
13. NAME Isaac Roy.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va. 2

MOTHER
15. MAIDEN NAME Zella B. Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT Geo. H. Roy
(ADDRESS) 3526 Walnut
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge Lawn DATE 6/16 1932
19. UNDERTAKER Watkins Bros. Undt. Co.
(ADDRESS) 729 Lydia
20. FILED 6/16, 1932 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/13, 1932
22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932, to June 13, 1932
I last saw her alive on June 12, 1932. Death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Parenchymatous nephritis	about 1929
131	
132	
131	

Other contributory causes of importance: Uremic Coma — 6/10/32

Name of operation none — Date of
What test confirmed diagnosis? symptoms — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no — 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) E. Donaldson, M. D.
(Address) 714 Chambers Bldg. K.C. Mo.