

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.

SEP 26 1932

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

Do not use this space.

27067

1. PLACE OF DEATH

County Putnam  
Township York  
City Powersville (No. . . . .) St. . . . . Ward)

Registration District No. 724  
Primary Registration District No. 5753

File No. . . . .  
Registered No. . . . .

2. FULL NAME

(a) Residence, No. . . . . 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 7. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Seltzer Mc Neiley

DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 3 21 2:5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Missouri

13. NAME Samuel B. Fields

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Clara A. Reynolds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) John A. Fields Powersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Powersville Aug 14, 1932

19. UNDERTAKER (ADDRESS) J. C. Husted Powersville, Mo.

20. FILED Aug 14, 1932 Helia Coz Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1932, to August 12, 1932. I last saw him alive on August 12, 1932. Death is said to have occurred on the date stated above, at 10:00 a.m. The principal cause of death and related causes of importance were as follows:

Chronic interstitial glomerular nephritis. Resulting in uremia and pulmonary congestion. Date of onset

Other contributory causes of importance:

1318 / 3 / 3  
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) L. M. Donald, M.D. (Address) Powersville, Mo.

