

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

Do not use this space.

**41279**

**JAN 27 1933**  
99  
22  
4  
8

**PLACE OF DEATH**

County St. Charles Registration District No. 757  
Township St. Charles Primary Registration District No. 3036  
City St. Charles (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 172

**2. FULL NAME**

Mary Field  
(a) Residence, No. 20 May Street, St. 1st Ward.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? Don't know ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
About 74 years

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homework

10. Date deceased last worked at this occupation (month and year) Retired for many years 11. Total time (years) spent in this occupation. Don't know

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Germany

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Germany

17. INFORMANT B. B. Wetherill M.D.  
(ADDRESS) St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE New St. Pauls DATE Dec. 17 1932

19. UNDERTAKER (ADDRESS) Julius Schmidt  
St. Louis 412 3334

20. FILED 12/12 1932 Jy. H. Bloebaum  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11th - 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6th - 1929 to Dec. 11th - 1932  
I last saw her alive on Dec. 11th - 1932 Death is said to have occurred on the date stated above, at 7:30 p. m.

The principal cause of death and related causes of importance were as follows:  
Anger of both feet. Date of onset 12-1-32

Other contributory causes of importance: Sudden  
Ulcer  
Ulcer Schereri

Name of operation none in past 4 years Date of Don't know  
What test confirmed diagnosis Physical exam 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) B. B. Wetherill, M. D.  
St. Charles, Mo.  
(Address)

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.

