WHITE 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. 1712
Township KAW — Primary Registration District No. 1008 — Registered No. 443
City KANSAS CITY (No. 4634 - FOREST St. Ward)

2. FULL NAME MISS MARGUERITE FIELDS
(a) Residence, No. 4634 - FOREST AVE St., 1 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER-29-1913
7. AGE: YEARS 19 — MONTHS 3 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CLERK
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10¢ STORE - 47TH + TROOST
10. Date deceased last worked at this occupation (month and year) JANUARY - 1933
11. Total time (years) spent in this occupation 6 WKS

12. BIRTHPLACE (CITY OR TOWN) MISSOURI CITY (STATE OR COUNTRY) MISSOURI

FATHER
13. NAME GREENBERRY B. FIELDS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

MOTHER
15. MAIDEN NAME ANNA POYNTER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

17. INFORMANT MR. G. B. FIELDS (ADDRESS) 4634 - FOREST AVE
18. BURIAL, CREMATION, OR REMOVAL PLACE MISSOURI CITY, MO. DATE JANUARY - 28, 1933
19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI
20. FILED Jan 27, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY-25, 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan - 5 - 1933, to Jan 25 - 1933
I last saw her alive on Jan 25 - 1933. Death is said to have occurred on the date stated above, at 9:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, acute	1-21-33
11B	
93H	
Other contributory causes of importance:	
La Grippe	1-5-33

11B

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) H. E. Singer, M. D.
(Address) 4525 - Prospect Ave.

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4525 Prospect Ave
2-4; 7-9