

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

33616

**1. PLACE OF DEATH**

County LINN  
Township BENTON  
City BROWNING

Registration District No. 497  
Primary Registration District No. 4300

File No. \_\_\_\_\_  
Registered No. 41  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

~~LORENCE~~ LORENCE GERTRUDE FIELDS

(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 56 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIDOW of E.B. FIELDS

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, Mo.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27, 1872  
7. AGE YEARS MONTHS DAYS 61 8 2 If LESS than 1 day, hrs. or min.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Heart Failure  
2 1/2 A (duration) yrs. mos. da.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work HOUSE WIFE (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_ (c) Name of employer \_\_\_\_\_

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) SCOTTSVILLE (STATE OR COUNTRY) MISSOURI

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER BENJAMIN F. Carter  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) DELAWARE CO. OHIO (STATE OR COUNTRY) OHIO

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_ WAS THERE AN AUTOPSY? NO

12. MAIDEN NAME OF MOTHER MARTHA JANE JACOBS  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) SCOTTSVILLE, MO (STATE OR COUNTRY) MISSOURI

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) George G. Brownback, M.D. Oct 31, 1933 (Address)

14. INFORMANT Wm. G. Thurlow (Address) Linn, MO

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

15. FILED 10/31 1933 (Mrs) Ophe Alpaech REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Penkins Cemetery DATE OF BURIAL Oct 31 1933  
20. UNDERTAKER L.W. Hummel ADDRESS Browning, MO

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death should be stated EXACTLY. PHYSICIANS should state

NOV 19 1933

STATE TO THE STATE WORK

# States Standard of Death

at the figures on this sheet are

....., 193... (Signature and title)

and American Public Health  
Association.)

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tion.—Precise statement of  
rtant, so that the relative  
ursuits can be known. The  
and every person, irrespec-  
occupations a single word or  
be sufficient, e. g., *Farmer or*  
*positor, Architect, Locomo-*  
*er, Stationary Fireman, etc.*  
specially in industrial employ-  
know (a) the kind of work  
of the business or industry,  
nal line is provided for the  
d be used only when needed.  
, (b) *Cotton mill, (a) Sales-*  
*reman, (b) Automobile fac-*  
ed on may form part of the  
r return "Laborer," "Fore-  
aler," etc., without more  
*Day laborer, Farm laborer,*  
Women at home, who are  
he household only (not paid  
a definite salary), may be  
*ousework or At home, and*  
mployed, as *At school or At*  
aken to report specifically  
ons engaged in domestic  
*ant, Cook, Housemaid, etc.*  
n changed or given up on  
AUSING DEATH, state occu-  
ness. If retired from busi-  
dicated thus: *Farmer (re-*  
s who have no occupation

e of Death.—Name, first,  
ATH (the primary affection  
ausation), using always the  
he same disease. Examples:  
only definite synonym is  
meningitis"); *Diphtheria*  
*Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Broncho-*  
*pneumonia* ("Pneumonia," unqualified, is indefinite);  
*Tuberculosis of lungs, meninges, peritoneum, etc.*  
*Carcinoma, Sarcoma, etc., of.....* (name ori-  
gin; "Cancer" is less definite; avoid use of "Tumor"  
for malignant neoplasma); *Measles, Whooping cough;*  
*Chronic valvular heart disease; Chronic interstitial*  
*nephritis, etc.* The contributory (secondary or in-  
tercurrent) affection need not be stated unless im-  
portant. Example: *Measles* (disease causing death),  
*29 ds.; Bronchopneumonia* (secondary); *10 ds.*  
Never report mere symptoms or terminal conditions,  
such as "Asthenia," "Anemia" (merely symptom-  
atic), "Atrophy," "Collapse," "Coma," "Convul-  
sions," "Debility" ("Congenital," "Senile," etc.),  
"Dropsy," "Exhaustion," "Heart failure," "Hem-  
orrhage," "Inanition," "Marasmus," "Old age,"  
"Shock," "Uremia," "Weakness," etc., when a  
definite disease can be ascertained as the cause.  
Always qualify all diseases resulting from child-  
birth or miscarriage, as "PUERPERAL *septicemia,*"  
"PUERPERAL *peritonitis,*" etc. State cause for  
which surgical operation was undertaken. For  
VIOLENT DEATHS state MEANS OF INJURY and qualify  
as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as  
probably such, if impossible to determine definitely.  
Examples: *Accidental drowning; struck by rail-*  
*way train—accident; Revolver wound of head—*  
*homicide, Poisoned by carbolic acid—probably suicide.*  
The nature of the injury, as fracture of skull, and  
consequences (e. g., *sepsis, tetanus*), may be stated  
under the head of "Contributory." (Recommendations  
on statement of cause of death approved by  
Committee on Nomenclature of the American  
Medical Association.)

NOTE.—Individual offices may add to above list of undesir-  
able terms and refuse to accept certificates containing them.  
Thus the form in use in New York City states: "Certificates  
will be returned for additional information which give any of  
the following diseases, without explanation, as the sole cause  
of death: Abortion, cellulitis, childbirth, convulsions, hemor-  
rhage, gangrene, gastritis, erysipelas, meningitis, miscarriage,  
necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus."  
But general adoption of the minimum list suggested will work  
vast improvement, and its scope can be extended at a later  
date.

ADDITIONAL SPACE FOR FURTHER STATEMENT  
BY PHYSICIAN.