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.

AUG 21 193

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

Do not use this space.

24450

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Kan — Primary Registration District No. 398 — Registered No.
City Kansas City (No. MERCY HOSPITAL St. Ward)

2. FULL NAME Thelma Lee Fields
(a) Residence, No. St., Ward. Kingston Mo
(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: 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) 2-10-1925
7. AGE: YEARS 9 — MONTHS 5 — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Hamilton Mo Caldwell County

FATHER
13. NAME Laurence Fields
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Catalba Mo

MOTHER
15. MAIDEN NAME Bessie E Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kingston Mo

17. INFORMANT (ADDRESS) Laurence Fields
18. BURIAL, CREMATION, OR REMOVAL
PLACE Kingston DATE 7/10 1934
19. UNDERTAKER (ADDRESS) Pembers Clark Kingston Mo
20. FILED July 10, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/10/34, 19
22. I HEREBY CERTIFY, that I attended deceased from Sept 19 to 19
I last saw h alive on 10/15/19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	
72a	

Other contributory causes of importance:
no
Name of operation Autopsy Date of yes
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) , M. D.
(Address)