

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

Do not use this space.

25263

File No. 59
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Lafayette
Township Lafayette
City Leitchfield Mo. (No. _____)

Registration District No. 461
Primary Registration District No. 3024

2. FULL NAME

(a) Residence, No. Bessie Fields St. _____ Ward _____
(Usual place of abode) 206 North 10th
Length of residence in city or town where death occurred about 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1864</u>		
7. AGE	YEARS	MONTHS
<u>about 70</u>	—	—
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work</u>	11. Total time (years) spent in this occupation _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	13. NAME <u>unknown Sims</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	15. MAIDEN NAME <u>Dorale Mitchell</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	17. INFORMANT (ADDRESS) <u>Maggie Olders</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cap Lane</u> DATE <u>July 17 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Baird & Co</u>		
20. FILED <u>July 17 1934</u> <u>Harry Bondel Bates</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1934
22. I HEREBY CERTIFY, That I attended deceased from June 1933 to July 14 1934
I last saw her alive on July 14 1934 Death is said to have occurred on the date stated above, at 8:25 m.

The principal cause of death and related causes of importance were as follows:

Coronary artery
48
131
48
Other contributory causes of importance:
Cardio vascular renal

Date of onset <u>about 6 mos</u>
<u>12 mos</u>

23. Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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?
If so, specify _____
(Signed) W. K. Paul, M. D.

(Address) Leitchfield Mo

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.

54
AUG 8 1934

