

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

Do not use this space.

1. PLACE OF DEATH

89 County Ray
Township Stephenville
City Polo (No. St. Ward)

Registration District No. 915
Primary Registration District No. 6236

File No. 26106
Registered No. 5

2. FULL NAME

Lucy Ann Fields

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. X mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FC 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF Andy Fields

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 9 27

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Missouri

13. NAME Davis S. Audie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Elizabeth Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Andy Fields Polo Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremated DATE July 20, 1934

19. UNDERTAKER (ADDRESS) B. J. Mead Bryansville, Mo

20. FILED July 18, 1934 Virginia Showalter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1934

22. I HEREBY CERTIFY That I attended deceased from July 14, 1934 to July 18, 1934
I last saw her alive on July 18, 1934. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Cerebral Apoplexy
8-22-1
Other contributory causes of importance:

Date of onset 7-13-34
7-18-34

Name of operation None 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 Dr. W. H. Stonner 95
(Signed) Richmond, Mo (Address)

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.

AUG 15 1934

