

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.

NOV 15 1934

40395

1. PLACE OF DEATH

County Putnam Registration District No. 724
 Township York Primary Registration District No. 5933
 City Powersville (No.) St. Ward (.....)

2. FULL NAME Clara Ann 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 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE OF <u>Samuel B Fields</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 20 1861</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>1</u>	<u>17</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home Work</u>			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) <u>Plainville Indiana</u> (STATE OR COUNTRY)			
	13. NAME <u>Samuel Patrick Reynolds</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Winifred Elizabeth Wade</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY)			
17. INFORMANT <u>John Allen Fields</u> (ADDRESS) <u>Powersville Missouri.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Powersville Mo</u> DATE <u>Nov 9</u> 19 <u>34</u>				
19. UNDERTAKER <u>F. O. Husted</u> (ADDRESS) <u>.....</u>				
20. FILED <u>Nov 8</u> 19 <u>34</u> <u>Mrs. D. W. Collock</u> Registrar.				

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1934

22. I HEREBY CERTIFY That I attended deceased from Aug 15 1934 to Nov 7 1934
 I last saw her alive on Nov 7 1934 Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Uremic coma from (terminating) diffuse nephritis & heart failure.

Other contributor causes of importance
of uremia, organ angina, & process of operating on fecal fistula.

Name of operation Cistostomy Date of Sept 14
 What test confirmed diagnosis? Specimen 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) L. W. McDonald M. D.
 (Address) Powersville, Mo.

