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.

APR 11 1935

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

Do not use this space.

8853

1. PLACE OF DEATH

County: Greene — Registration District No.: 324 — File No.:

Township: Robberson — Primary Registration District No.: 5449 — Registered No.:

City: ~~Springfield Rt 5~~ (No. Springfield Route 5 St. Ward)

2. FULL NAME: Minnie Belle Fields Maag

(a) Residence, No. Springfield Route 5 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 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): Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF (OR) WIFE OF~~ wife of Adolph Maag

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 29 1878

7. AGE: Years 56 Months 7 Days 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Southerland Iowa

FATHER

13. NAME: J. T. Fields

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ga.

MOTHER

15. MAIDEN NAME: Sarah Jane Douglas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Iowa

17. INFORMANT (ADDRESS): Adolph Maag Springfield Route 5

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Clear Creek DATE: March 19, 1935

19. UNDERTAKER (ADDRESS): F. C. Thieme Springfield, Mo.

20. FILED: March 18, 1935 Mrs. Guy Freeman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/15/, 1935, to 3/16/, 1935

I last saw her alive on 3/16, 1935. Death is said to have occurred on the date stated above, at 1:45 p.m.

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

	Date of onset
Influenza	3/5/35
Pneumonia	

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? None 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: None

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed): D. W. Freeman M. D.

(Address): Springfield Mo.