

FEB 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Callaway

Registration District No. 105

437

File No.

Township St. Albert

Primary Registration District No. 5154

Registered No. 291

City

(No.

St.

Ward)

2. FULL NAME

(a) Residence, No. R#6

(Usual place of abode)

Nelson Curtis Field

Fulton Mo. St.

Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

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

Jennie Buffington
out

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

4-13-1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

67

8

22

OCCUPATION

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

Farmer

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 out

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

Pottawatomie Co Iowa

FATHER

13. NAME

Aminius Field

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

out know

MOTHER

15. MAIDEN NAME

Aurelius Sellers

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

out know

17. INFORMANT (ADDRESS)

S. C. Kurd
R#6 Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Melrose, Iowa DATE Jan 9 1936

19. UNDERTAKER (ADDRESS)

Leg. J. DeLoach
Fulton Mo.

20. FILED

1-14 1936 W. H. Williamson
Registrar.

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

Jan 5 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-23 1935 to Jan 5 1936

I last saw him alive on 12-30 1935. Death is said to have occurred on the date stated above, at about 7 am. The principal cause of death and related causes of importance were as follows:

Sudden Death
cause undetermined

Other contributory causes of importance:
Arteriosclerosis +
Cardio-Vascular hyper-
tension with Edema

Name of operation none Date of none

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury none, 1936

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify W. O. Payne M. D.
(Signed) R#6 Fulton Mo
(Address)

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

