To be approved by Coroner of St. Louis County, Mo.

MAR 25 1936

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

Do not use this space.

8697

1. PLACE OF DEATH
County St. Louis, Mo.
Township ~~Circumstances Hospital~~
City Koch, Mo. (No. Koch Hospital St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 B

File No.
Registered No. 76

2. FULL NAME Lela Fields

(a) Residence, No. 1614 So 14th St., Ward. St. Louis, Mo.
(Usual place of abode) (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

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 Royce Fields

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27-1909

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
26	10	21	

OCCUPATION

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. Home
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 4

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

FATHER

13. NAME John Motley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

MOTHER

15. MAIDEN NAME America Pounds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Koch Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Portageville, Mo. DATE Feb. 21 1936

19. UNDERTAKER (ADDRESS) E. J. Schnur 3125 Lafayette Ave

20. FILED Feb. 19 1936 G. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to Feb 18, 1936
I last saw her alive on Feb. 18, 1936. Death is said to have occurred on the date stated above, at 4:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thoracoplasty 2nd stage left	2-18-36
Anesthesia; Ethylene-nitrous oxide oxygen	2-18-36

Other contributory causes of importance:
Pulmonary tuberculosis F.A. Jan 1931
Multiple lung abscesses, left Jan 1931
Thoracoplasty 1st stage Jan 28, 1936
Thoracoplasty 2nd stage Date of Feb 18, 1936
Pt. Rob. Ray Post
Name of operation
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? No
If so, specify
(Signed) Edwin R. Westhoff M. D.
(Address) Robert Koch Hospital Koch, Mo.

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.