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.

OCT 26 1937

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

Do not use this space.

35421

File No.

Registered No. 150

1. PLACE OF DEATH

County Saline

Township Marshall

City ..... (No. ..... St. ..... Ward)

Registration District No. 796

Primary Registration District No. 6039

2. FULL NAME Fannie Lee Field

(a) Residence, No. Marshall, R.F.D. #6 St., ... Ward.
(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 David L. Field

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1883

7. AGE: Years 54 | Months 1 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) California

FATHER

13. NAME George Deer

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

MOTHER

15. MAIDEN NAME Addie May Liggett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Mo.

17. INFORMANT David L. Field
(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park DATE Sept. 5th, 1937

19. UNDERTAKER P. W. Campbell
(ADDRESS) Marshall, Mo.

20. FILED 9-6-1937 Mary Kent Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sep. 19, 1924 to Sep. 3, 1937

I last saw h. alive on Sep. 3, 1937. Death is said to have occurred on the date stated above, at 9 45 p m.

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

	Date of onset
Metastatic Carcinoma of right pleura lung and liver first evidence of pleura in 1930, lungs 1932 and liver in 1937.	

Other contributory causes of importance:
Gastroenterostomy 1925
Resection transverse colon 1926, on account of recurrences

Name of operation Hysterectomy Date of 9/22/24

What test confirmed diagnosis? Operation 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) F. Manning, M. D.

(Address) Marshall, Mo