

REC'D JUN 15 1938

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

17988

Do not use this space.

1. PLACE OF DEATH

(a) County Boon Registration District No. 162
 (b) Township Peorian Primary Registration District No. 5227 Registered No. 1
 (c) City Peorian Mo. (d) Street No. 142 Peorian Mo. St. Mo.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Agnes Fields 432
142 Peorian Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 2/4/1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 3 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 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) Independence Missouri13. NAME James L. M^o Gray14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa15. MAIDEN NAME Alice Surber16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis Indiana17. INFORMANT (ADDRESS) Pete Fields Peorian, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Freeman Mo. DATE May 9 193819. FUNERAL DIRECTOR (ADDRESS) Geo. E. Carson Independence, Mo.20. FILED 5/9 1938 Martin V. Robbins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1938

22. I HEREBY CERTIFY, That I attended deceased from November 15 1937, to May 6 1938.
 I last saw her alive on May 6 1938. Death is said to have occurred on the date stated above, at 20 m.
 The principal cause of death and related causes of importance were as follows:

Epilepsy - major type Date of onset ?

Other contributory causes of importance: Dehydration of lungs following attack of epilepsy 5/5/38

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 Martin V. Robbins, M. D.
 (Signed) _____ (Address) Peorian, Mo.
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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)