REC'D FEB 21 1939

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

Do not use this space.

File No. 1725
Registered No. 7

1. PLACE OF DEATH

County: Butler — Registration District No. 89
Township: — Primary Registration District No. 3007
City: Poplar Bluff, Mo. (No. 1420 N. Main St. St. Ward)

2. FULL NAME Martha A Fields

(a) Residence, No. 1420 N Main St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12-1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
68	9	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife
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) Unknown (STATE OR COUNTRY) Stoddard County

FATHER
13. NAME Joseph Guess
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Paralee Leadbetter
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Tennessee

17. INFORMANT Elbert C. Fields (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Poplar Bluff, Mo. DATE Jan 10-1939

19. UNDERTAKER Frank Und Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 1/10 19 39 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8-19-39 19

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1937, to 1-8, 1939
I last saw h. alive on Nov 15, 1938. Death is said to have occurred on the date stated above, at 8:30 P. M.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 1-8-39
54

Other contributory causes of importance:
Arteriosclerosis chronic nephritis + diabetes mellitus

Name of operation none Date of
What test confirmed diagnosis? Clinical symptoms + laboratory 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? no
If so, specify —
(Signed) [illegible], M. D.
(Address) Poplar Bluff, 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.