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.

REC'D MAY 18 1939

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

Do not use this space.

1. PLACE OF DEATH
County Saline 3
Township 1
City Slater (No. ..., ... St. ... Ward)

97 8 1

Registration District No. 799
Primary Registration District No. 4479

File No. 16240
Registered No. 1420

2. FULL NAME 430 Mrs. Lucy Edwards Field

(a) Residence, No. ... 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 C. E. Field

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/30/-64

7. AGE: YEARS 74 | MONTHS 11 | DAYS 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Lunenburg Co. Virginia

FATHER
13. NAME Stephen Edwards
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Mary Virginia Carter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Miss Louise Field Athens, Ohio.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Marshall, Mo. DATE 4/13/'39 19

19. UNDERTAKER (ADDRESS) Hill Brothers Slater, Mo.

20. FILED April 19 39 W. M. Tuttle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4, 9, '39, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-9-, 1939, to 4-9-, 1939.
I last saw her alive on 4-9-, 1939. Death is said to have occurred on the date stated above, at 11 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Hemorrhage (Abdomen) Cancer	4-7-39
Myocardial Cbr. Ho	6 mo.
Cardiac Exhaustion	
Other contributory causes of importance: Fall in bed room	4-7-39

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accid. Date of injury 4-7, 1939
Where did injury occur? Slater Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Bed room at home
Manner of injury Fall on floor
Nature of injury Internal abdomen

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Wm E Lockwood M. D.
(Address) Slater Mo

769

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/11/39