FILED MAY 13 1940

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

15534
Do not use this space.

1. PLACE OF DEATH
(a) County Monroe 2 Registration District No. 578
(b) Township Clay 0 Primary Registration District No. 5782 Registered No.
(c) or City Granville, Mo (d) Street No. St.
(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 Grace Hollingsworth Fields
(a) Residence, No. Monroe Co. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Burr Fields

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/20/1877

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
62	2	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. housewife
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) Monroe Co. Mo. 0

FATHER
13. NAME David Hollingsworth 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 0

MOTHER
15. MAIDEN NAME Sarah Ellen Ford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Emmett Bourne Monroe Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shelbina DATE 2/1/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Millicn & Barkelew Shelbina, Mo.

20. FILED 2/6 1940 Mrs Irwin Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 30th 40

22. I HEREBY CERTIFY, That I ~~attended deceased~~ did not attend from ..., 19..., to ..., 19...
I last saw her alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

Paralysis Agitans

Date of onset

87 Pt

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... 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) F. Vaughn, M. D.
(Address) Holliday, Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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RECEIVED
District Health Officer No. 10
District File Number 5-40-962
Date Filed MAY 8 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ✓ ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Marion E. [illegible]

Licensed Embalmer No. 3957

P. O. Address Shelbina Mo.

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.)

If this body is not embalmed, above space should be left blank.