

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

Do not use this space.

16890

**1. PLACE OF DEATH**

County Clinton Registration District No. 347  
 Township Clinton Primary Registration District No. 5488  
 City Clinton (No. ....) St. .... Ward)

File No. ....  
 Registered No. 66 St. .... Ward)

**2. FULL NAME**

Helen Fields

(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**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1928

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

17. I HEREBY CERTIFY, That I attended deceased from May 9 - 1928, to May 18 1928  
 that I last saw him alive on May 18 1928, and that death occurred, on the date stated above, at 10:25 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 4, 1850

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
11A Lobal Pneumonia

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 77 7 14

CONTRIBUTORY (SECONDARY) 11A  
 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housekeeper  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH?.....

9. BIRTHPLACE (CITY OR TOWN) Steuiry Co. Missouri  
 (STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no

10. NAME OF FATHER Nathan A Fields

WHAT TEST CONFIRMED DIAGNOSIS?.....  
 (Signed) Daniel A Poague M. D

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary E. Graham

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
5-19-28 Robert M

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia  
 (STATE OR COUNTRY)

14. INFORMANT M. Celeste Wilber  
 (Address) Clinton Mo Fields Creek

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo Fields Creek DATE OF BURIAL May 19 1928

15. FILED May 19 1928 Dr. E. C. Peolar  
 REGISTRAR

20. UNDERTAKER Sims-Wilkinson & Co. Clinton Mo.  
 ADDRESS

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.

JUL 10

1928

