26 1928

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.

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

Do not use this space.

10140

1. PLACE OF DEATH
County Pike — Registration District No. 688 — File No.
Township Penn — Primary Registration District No. 4412 — Registered No. 5-
City Frankford, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Mary Tom Fields
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 62 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): Widow

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF~~ Lewis Ripley Fields

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-16-1841

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
86	6	7	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn Township-Pike Co. Mo.

PARENTS
10. NAME OF FATHER Soloman Fisher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pike Co, Mo.
12. MAIDEN NAME OF MOTHER Matilda Payne
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo.

14. INFORMANT E. R. Fields
(Address) Frankford Mo.

15. FILED April 11, 1928 Mattie Unsell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 23. 1928

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1928, to March 23, 1928 that I last saw her alive on March 23, 1928, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronco Pneumonia

10 YR. 100 A (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) O. W. Snodgrass, M. D
April 9, 1928 (Address) Frankford Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Fair View Cem. Frankford
DATE OF BURIAL: Mar. 25 1928

20. UNDERTAKER: E. R. Fields
ADDRESS: Frankford Mo.