

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.

Dr. Walker

39730

File No. _____
Registered No. *1292* _____
St. _____ Ward _____

1. PLACE OF DEATH
County *Cape Girardeau* Registration District No. *125*
Township _____ Primary Registration District No. *5178*
City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME *Lelia V. Field*
(a) Residence No. *R. 3, B. # 3* 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept 18 - 1881*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 *3* *9*

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Housewife*
(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) *Saline Co. Mo.*

10. NAME OF FATHER *E. L. Rhoades*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Saline Co.*

12. MAIDEN NAME OF MOTHER *Ophelia Hill*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Saline Co. Mo.*

14. INFORMANT *M. E. Field*
(Address) *Cape Girardeau Mo.*

15. FILED *12/29/28* _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *12/27 1928*

17. I HEREBY CERTIFY That I attended deceased from *1-1* 19*24*, to *12/27* 19*28* that I last saw h. or alive on *12/20* 19*28*, and that death occurred, on the date stated above, at *4 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma of Breast.

50 / *47* (duration) *4* yrs. mos. da.

CONTRIBUTORY (SECONDARY) *Metastases to Lungs* (duration) *6* mos. da.

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

3 DID AN OPERATION PRECEDE DEATH? *yes*. DATE OF *Feb 1926*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Pathologist's report*
(Signed) *George S. Stebbins*, M. D.
12/29, 1928 (Address) *Cape Girardeau*

*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 *Fairmount Cem* DATE OF BURIAL *Dec 29 1928*

20. UNDERTAKER *Walther Und. Co. Cape Gir. Mo.* ADDRESS _____

