

REC'D JUN 24 1938

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

Do not use this space.

PLACE OF BIRTH

County

Township

City

Stoddard  
Duck Creek  
Dudley, Mo.

Registration District No.

Primary Registration District No.

840

1102

File No.

Registered No.

19718

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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.

Sarah Fields

432

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

white

maier

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

Love Fields

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

March, 24 1894

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

64

1

10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

New Madrid, Mo.

MOTHER FATHER

13. NAME

A. L. Pettig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tenn

15. MAIDEN NAME

unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

Otto Fields  
Dudley, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Dudley, Mo. DATE 5-18-38

19. UNDERTAKER (ADDRESS)

Watkins Funeral Home  
Dudley, Mo.

20. FILED

6/10 1938 De Harris Mort  
Mrs. Annie Busby Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

5/24 - 1938

22. I HEREBY CERTIFY, That I attended deceased from

5-4-1938, to 5-16-1938

I last saw him alive on 5-16-1938 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:

Labor Pneumonia

Date of onset 5/21/38

Other contributory causes of importance:

Chronic Nephritis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

22. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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) S. S. Davis, M. D.

86 (Address) Dudley, Mo.

11-21-38

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION if



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

19718  
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 840  
(b) Township Quinn Creek Primary Registration District No. 6102 Registered No. ....  
(c) City ..... (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

(a) Residence, No. Sarah Fields 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m  
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 1 17

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.  
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)

FATHER  
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

FUNERAL DIRECTOR (ADDRESS)

FILED 11-21 1988 DeMoino Lysart Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-16 1988

22. I HEREBY CERTIFY, That I attended deceased from 5-4 1988 to 5-16 1988

I last saw her alive on 5-16 1988 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

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) S. S. Davis M. D.

(Address) Dexter

NO. 1. RECEIVE A FEE FOR ... S. L. ... THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

