JUN 24 1927

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

Do not use this space.

14186

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 472

Township — Primary Registration District No. 1001 — Registered No.

City St. Joseph (No. Mercy Hospital St. Ward)

2. FULL NAME Virgil E. Fleming

(a) Residence. No. St., Ward. Santa Rosa, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 4, 1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	16	8	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Davies County
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER George Fleming

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Daviess Co.
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Carrie M. James

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Daviess Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT George Fleming
(Address) R. F. D. #3 Weatherby, Mo.

15. FILED MAY 3 1927 19 J. W. M. G. Pitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-3- 1927

17. I HEREBY CERTIFY, That I attended deceased from 5-1-27, 19, to 5-3-, 1927, that I last saw him alive on 5-3-, 1927, and that death occurred, on the date stated above, at 5 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal obstruction

A

B

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (SECONDARY) Hernia thru adhesions following appendectomy (duration) 13 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Santa Rosa, Mo.

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 5-2-27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) Lawton M. Hanna D.O. M.D.

May 3, 1927 (Address) Mercy Hospital

*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 Santa Rosa, Mo. Via auto — DATE OF BURIAL May 4, 1927

20. UNDERTAKER Heaton - McGale Und Co. by J. H. Kaple — ADDRESS 319 S. 10th

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.