23 1928

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

Do not use this space.

7891

1. PLACE OF DEATH

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

Township — Primary Registration District No. 1001 — Registered No. 334

City St. Joseph, (No. Noyes Hospital St. Ward)

2. FULL NAME Cordie Dellain Fletchall,

(a) Residence. No. St., Ward. Allendale, 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) Nov. 28, 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	3	18	

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

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

PARENTS

10. NAME OF FATHER Cordie Jennings Fletchall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Harrison Co.,
(STATE OR COUNTRY) Missouri,
12. MAIDEN NAME OF MOTHER Elva Richardson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kings County,
(STATE OR COUNTRY) Iowa,

14. INFORMANT Cordie J. Fletchall
(Address) Allendale, Missouri.

15. FILED ..... 19..... John G. Wetz REGISTRAR

MAR 1 1928

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1925, to Mar 16, 1928 that I last saw him alive on Mar 16, 1925, and that death occurred, on the date stated above, at 5:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis
Streptococcic

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 79A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Allendale
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) J. R. Forgrave, M. D
3-17, 1928 (Address) St Joseph 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	DATE OF BURIAL
Allendale, Mo. via Auto	Mch. 17 1928

20. UNDERTAKER	ADDRESS
Heaton-Bigelow & Bowman by J. W. Karle	519 S. 10 St. Funeral Home

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.