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SEP 25 1929

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WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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. Russell

File No. 27471

Registered No. 581

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 2001

City Springfield (No. Burge Hospital St. Ward)

2. FULL NAME Edna O. Fleming

(a) Residence. No. Willow Springs Mo. 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. 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Dan H. Fleming

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 24-1892

7. AGE: Years 36 | Months 8 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Mo.

PARENTS

10. NAME OF FATHER: W. A. Benton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

12. MAIDEN NAME OF MOTHER: May Shreeve

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: D. H. Fleming
(Address) Willow Springs Mo.

15. FILED 8-10, 1929 Lou Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 10, 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1929 to Aug 9, 1929, that I last saw h/a alive on Aug 9, 1929, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pernicious Vomiting of Pregnancy

148 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Toxemia

(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Willow Spgs.

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 5-29

WAS THERE AN AUTOPSY? [illegible]

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C. W. Russell, M. D.

8/10, 1929 (Address) Springfield 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: Willow Springs Mo.

DATE OF BURIAL: Aug 11, 1929

20. UNDERTAKER: J. W. Klingner & Co. 424 E. Court St. Springfield, Mo.

ADDRESS

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