

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

Do not use this space.

36880

1. PLACE OF DEATH

County Greene
Township _____
City Springfield (No. 714)

Registration District No. 318
Primary Registration District No. 282
Name N. Robertson

File No. _____
Registered No. 823
St. _____ Ward _____

2. FULL NAME

Edward Fleweller

(a) Residence, No. 714 N. Robertson, 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 male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 15 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 | 5 | 25 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cook
(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) Tenn

10. NAME OF FATHER

Robert Fleweller

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14.

INFORMANT Mary Fleweller
(Address) 714 N. Robertson

15.

FILED 11-16, 19-29 For Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 10 1929

17. I HEREBY CERTIFY That I attended deceased from June, 1929, to Nov. 10, 1929
that I last saw him alive on Nov. 9, 1929 and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
131
930

(duration) 1 yrs. 6 mos. _____ da.
CONTRIBUTORY myocarditis chronic
(SECONDARY) (duration) 1 yrs. 4 mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

129th
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) W. E. Hunter, M. D.

11/16, 1929 (Address) 328 1/2 Bronneth Ave

*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 Lincoln Memorial DATE OF BURIAL Nov 17 1929

20. UNDERTAKER N. C. Campbell ADDRESS 867 Wash

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.

THIS IS A PERMANENT RECORD

1929

19

28

839