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

Do not use this space.

11703

MAY 22 1930

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 413
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME James Monroe Fleming,
(a) Residence. No. St., Ward. Weatherby, Missouri
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Year 1857

7. AGE — YEARS: 73 — MONTHS: Unk. — DAYS: Unk. — If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kansas,

PARENTS
10. NAME OF FATHER Unknown,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,
12. MAIDEN NAME OF MOTHER Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Henry Fleming
(Address) Weatherby, Missouri.

15. FILED 4/3, 1930 John G. Utz REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2nd 1930

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1930, to April 2, 1930, that I last saw him alive on April 2, 1930, and that death occurred, on the date stated above, at 5:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Sclerosis
135 C
948
137 (duration) unknow yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Prostatectomy
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Weatherby Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3-31-30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Gustav A Lau, M.D
4/3, 1930 (Address) Kirkpatrick Bldg

*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: Weatherby, Mo. via auto — DATE OF BURIAL: Apr. 4, 1930

20. UNDERTAKER: Heaton Bessole & Bowman — ADDRESS: 319 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.

cated by check marks, lacking from the death certificate:

Name: James Monroe Fleming

Who died at: St. Joseph Mo. on April 2, 1930,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or
town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

135

CAUSE OF DEATH: Coronary Sclerosis

Contributory: Prostatectomy

Where was disease contracted? Inability to empty bladder, frequent and painful urination

Did operation precede death? yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

Name of physician: Gustav A. Lau M.D.

Address of physician: St Joseph, Mo

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