

N. E.—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.

13437

File No. 28  
Registered No. 604  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County New Madrid  
Township " " "  
City " " " (No. \_\_\_\_\_)

Registration District No. 604  
Primary Registration District No. 3802

**2. FULL NAME**

Emaline Fletcher

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female **4. COLOR OR RACE** Negro **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married (write the word)

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

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) 1

7. AGE	YEARS	MONTHS	DAYS	8. IF LESS than 1
				day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work His wife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE** (CITY OR TOWN) New Madrid  
(STATE OR COUNTRY) MO

**10. NAME OF FATHER** George Martin

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) MO  
(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** Lizzie Foster

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) MO  
(STATE OR COUNTRY)

**14. INFORMANT** Robert Fletcher  
(Address) New Madrid

**15. FILED** 4/2/30 W. B. Gunn  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) April 1<sup>st</sup> 1930

**17. I HEREBY CERTIFY** That I reported deceased from April 10, 1930, to April 1, 1930 that I last saw her alive on 3/27, 1930, and that death occurred, on the date stated above, at 2 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cardiac Failure  
mitral valve lesion

**CONTRIBUTORY** (SECONDARY) POA  
(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED** \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH?** no DATE OF \_\_\_\_\_

**20. WAS THERE AN AUTOPSY?** no

**WHAT TEST CONFIRMED DIAGNOSIS?** \_\_\_\_\_

(Signed) H. L. Bridges M. D.  
, 19 (Address) New Madrid

\*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** Opell Cem. **DATE OF BURIAL** 4-2 1930

**20. UNDERTAKER** Richard Under **ADDRESS** New Madrid

state bloods 2M:  
-arranged via

reveling ylnlca-



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