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

Do not use this space.

29377-1

JAN 19 1931

1. PLACE OF DEATH
County Cedar — Registration District No. 166 — File No. 29377-A
Township Washington — Primary Registration District No. 5234 — Registered No.
City (No. St. Ward)

2. FULL NAME Marry J. Fletcher
(a) Residence. No. 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): Widowed

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF: T. H. Fletcher

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 12-1844

7. AGE: YEARS 86 — MONTHS 3 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Not Any
(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): Ind?

PARENTS
10. NAME OF FATHER: "?" McConnell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N. or S. Car.
12. MAIDEN NAME OF MOTHER: Unknow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT (Address): Cedar Springs Mo R1 T. J. Fletcher

15. FILED 12-23 1930 H. A. Simrell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1930, to Sept. 20 1930 that I last saw her alive on Sept. 20, 1930 and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
52 Cancer of the face
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. A. Simrell, M. D.
9-22, 1930 (Address) Coplinger Mills, 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: Mound Cemetery — DATE OF BURIAL: 9/21 1930

20. UNDERTAKER: W. C. Davis & Co — ADDRESS: Stockton

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.

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