NOV 21 1930

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

Do not use this space.

85

32184

File No.

Registered No. 1107

1. PLACE OF DEATH

County Buchanan

Registration District No. 1001

Primary Registration District No.

Township

City St. Joseph, (No. ST. Joseph's Hospital St. Ward)

2. FULL NAME Thelma Fletcher,

(a) Residence. No. St., Ward. Bendena, Kansas,
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 15, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	2	11	

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) Wallace,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Tony Schroder,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) New York,

12. MAIDEN NAME OF MOTHER Anan Bagby,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Thomas Fletcher
(Address) Bendena, Kansas,

15. FILED OCT 28 1930 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 26-1930, 193 to Oct 26 1930 that I last saw h. alive on Oct 26-1930, 1930, and that death occurred, on the date stated above, at 7:15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage of brain - General Contusion of Chest Fracture of right forearm Traumatic Shock (duration) yrs. mos. 2 hr ds.

CONTRIBUTORY (SECONDARY) Shock - auto struck by train at Bendena, Kansas (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination of Patient

(Signed) Fred Lore O'Malleare, M. D.

Oct 26 1930 (Address) St Joseph 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 Bendena, Kansas, via auto

DATE OF BURIAL Oct. 28 1930

20. UNDERTAKER Weston-DeGeer-Brunner General Store

ADDRESS 319 S. 10 St.

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.

AUG 15 1946