DEC 20 1930

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 35377

Township — Primary Registration District No. 1001 — Registered No. 1199

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Lena Darline Fletcher,

(a) Residence. No. 2336 South 11th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 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	Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 3, 1930.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
			2	

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

9. BIRTHPLACE (CITY OR TOWN) Saint Joseph,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER George A. Fletcher,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Buchanan Co.
(STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Lena Stafford,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Platte Co.,
(STATE OR COUNTRY) Missouri,

14. INFORMANT George A. Fletcher
(Address) 2336 South 11th. Street.

15. FILED NOV 6 1930, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 5, 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1930, to Nov 5, 1930 that I last saw her alive on Nov 5, 1930, and that death occurred, on the date stated above, at 5:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Injury at Birth by Instruments

160B 1610

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) none

(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? Clinical

(Signed) B. W. Tadlock, M. D.

11/6th 30 (Address) 821 Francis

*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: No. 6 Cemetery — DATE OF BURIAL: Nov 7 1930

20. UNDERTAKER: Heaton-Belt Co & 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.