

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 26 1930

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

Do not use this space.

37055

1. PLACE OF DEATH

County Platte
Township
City Camden Point (No.)

Registration District No. 69
Primary Registration District No. 4413

File No.
Registered No. 35
St. Ward)

2. FULL NAME

Oscar Flemming

(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 29-1860</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>11</u>	DAYS <u>12</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Labourer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Platte co.</u> (STATE OR COUNTRY) <u>Missouri</u>		
PARENTS	10. NAME OF FATHER <u>David Flemming</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>South Carolina</u>	
	12. MAIDEN NAME OF MOTHER <u>Misora Fox</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
14. INFORMANT <u>Ruth Prior</u> (Address) <u>Camden Point Mo.</u>		
15. FILED <u>143</u> , 19 <u>30</u> <u>E. K. Hull</u> REGISTRAR		

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 10- 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1930, to Nov. 10, 1930 that I last saw him alive on Nov. 10, 1930, and that death occurred, on the date stated above, at 6:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
107A
11B (duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Thrombosis
(duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. P. Hull M. D.
, 19 (Address) Camden Point 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 Camden Point Mo. 11/12 1930
DATE OF BURIAL
20. UNDERTAKER Lucian Davis Deaton Mo
ADDRESS

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