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

Do not use this space.

4247

MAR 7 1931

1. PLACE OF DEATH
County Stoddard — Registration District No. 836 — File No. 4
Township Liberty — Primary Registration District No. 6098a — Registered No. 4
City Bernie Mo (No. ..... St. ..... Ward)

2. FULL NAME Jane Elisabeth Fletcher
(a) Residence (Usual place of abode) No. ..... St., ... Ward. ..... (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: FE
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ~~Married~~ Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1845

7. AGE: 85 — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carrymills Ill

PARENTS
10. NAME OF FATHER: James Hutson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont no
12. MAIDEN NAME OF MOTHER: Jinsey Tanner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ills

14. INFORMANT: Melvina Adkins
(Address): Dexter Mo

15. FILED ~~1-29~~ 2-11, 1931 Florence L. Allen, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-28 1931

17. I HEREBY CERTIFY, That I attended deceased from 1-27 1-28, 1931, to 1-28, 1931, that I last saw ~~her~~ alive on 1-28, 1931, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11B
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 11B
..... (duration) ..... 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) V. L. Greathouse, M. D
2-11th, 1931 (Address) Fists 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: Dowdy Cem — DATE OF BURIAL: 1-29 1931

20. UNDERTAKER: B M Hopkins — ADDRESS: Bernie Mo

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD