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.

25 1931

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

Do not use this space.

6213

1. PLACE OF DEATH

County Linn — Registration District No. 496

Township Yellow Creek Twp. — Primary Registration District No. 3025

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. 15

2. FULL NAME Fidelia Florence Force

(a) Residence. No. 1014 Courtland Ave 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22, 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	80	6	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) ----------

(c) Name of employer ----------

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Lewis Perce

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

12. MAIDEN NAME OF MOTHER Mary Townsend

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

14. INFORMANT Mrs. Annie Smith
(Address) Purdin, Missouri

15. FILED Feb 4, 1931 Bessie M. Fore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1931, to Feb 2, 1931 that I last saw her alive on Feb 1, 1931, and that death occurred, on the date stated above, at 12:05 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 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? Unusual clinical methods

(Signed) Roy R. Haley M. D.

, 19 (Address) Brookfield, 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	DATE OF BURIAL
Rose Hill Cemetery	Feb. 4 1931
20. UNDERTAKER	ADDRESS
M. Y. Rusk	Brookfield Missouri