

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

Do not use this space.

24663

1. PLACE OF DEATH

County Dunklin

Registration District No. 287

Township Blair

Primary Registration District No. 4071

City Homer (No. St. Ward)

File No.
Registered No.

2. FULL NAME Margaret Ann Fleeman

(a) Residence. No. St. Ward.

(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 29 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 4 14

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Fests Hamilton

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

14. INFORMANT John Fleeman
(Address) Homer, Mo.

15. FILED 7-14-21 B. D. Cape REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1931

17. HEREBY CERTIFY, That I attended deceased from July 10, 1931 July 13, 1931 that I last saw her alive on July 13, 1931, and that death occurred on the date stated above, at 11:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
82A

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) 82A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. yes

19. DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Van H. Bond, M. D.
, 19 1931 (Address) Homer, 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 Homer, Mo. Cemetery DATE OF BURIAL July 14 1931

20. UNDERTAKER M. Daniel Turner & Co. ADDRESS Homer, 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. AUG 26 1931

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