

**COMMONWEALTH OF MASSACHUSETTS  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

34107

**1. PLACE OF DEATH**

County Franklin  
Township Colony  
City Headland (No. 1)

Registration District No. 293  
Primary Registration District No. 5416

File No. \_\_\_\_\_  
Registered No. 48 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Headland Fleming

(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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9-1917

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>19</u>	<u>1</u>	<u>8</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Cuba  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Lawrence Fleming  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cuba  
(STATE OR COUNTRY) Mo  
12. MAIDEN NAME OF MOTHER Rose Florence  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Franklin  
(STATE OR COUNTRY) Mo

14. INFORMANT Lawrence Fleming  
(Address) Headland Mo

15. FILED Oct 19 1931 Walter M. Shields  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 17 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 15 1931 to Oct 17 1931, 1931, that I last saw him alive on Sept 20 1931, and that death occurred, on the date stated above, at 5 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia Tuberculosis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) Yes  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Headland  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physician  
(Signed) W. H. Thompson M. D.  
DATE Oct 18 1931 (Address) Headland 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 Colony Cemetery DATE OF BURIAL Oct 20 1931

20. UNDERTAKER B. Phelan ADDRESS Headland 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.

NOV 24 1931

