

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.

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan Registration District No. 86
Township Washington Primary Registration District No. 5127
City South St. Joseph (No. Armour and Co. Packing Co.) St. _____ Ward _____

2. FULL NAME Laurance Magill Fleming
(a) Residence, No. 620 E. Colorado Ave. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

267

File No. _____
Registered No. 6
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Use the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Lusetta Mae Fleming
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1887

7. AGE YEARS 44 MONTHS 10 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Armour & Co.

10. Date deceased last worked at this occupation (month and year) Jan. 18, 1932 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) Winfield
(STATE OR COUNTRY) Kansas

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

15. MAIDEN NAME Laura Magill

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

17. INFORMANT Lusetta Mae Fleming
(ADDRESS) 620 E. Colo. Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn DATE Jan. 20, 1932

19. UNDERTAKER Fred J. Clark
(ADDRESS) 5025 King Hill Av.

20. FILED 1-19-32 Registrar J. J. Canabek

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1932

22. I HEREBY CERTIFY, that I attended deceased from Jan 18 1932 to Jan 18 1932
last saw him/her on Jan 18, 1932 Death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:
Patient fell over and
slip while changing
clothes probably
coronary embolism
(deaf-blind post seen)
Other contributory causes of importance:
None known
Drop at plant outside?
City hospital

Name of operation none Date of _____
What test confirmed diagnosis none Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? at plant (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury ①

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) John J. Tucker, M. D.
(Address) St. Joseph Mo.

Feb 28 1932

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