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

Do not use this space.

1. PLACE OF DEATH
49 County Jasper — Registration District No. 418 — File No. 1507
Township Jasper — Primary Registration District No. 5572 — Registered No. 153
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Helen Imogene Fleener
(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.

MAR 23 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1-17-32
7. AGE: YEARS | MONTHS | DAYS: 3 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓
9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo
PARENTS
10. NAME OF FATHER Edw Fleener
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Dall Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo
14. INFORMANT ..... (Address) Dall Fleener
15. FILED 1/22, 1932 W. H. Coleman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-20 1932
17. I HEREBY CERTIFY, That I attended deceased from 1-17-, 1932, to 1-20, 1932 that I last saw her alive on 1-20-, 1932, and that death occurred, on the date stated above, at 1-6 m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Morbus Cordeus
1576 (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) 1576 (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? ✓ DATE OF 1-20-32
WAS THERE AN AUTOPSY? No (1)
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. A. McKelvey, M.D.
, 19 (Address) Opolis Ks

*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: Crooker — DATE OF BURIAL: 1-22- 1932
20. UNDERTAKER: Ellsworth Med Co — ADDRESS: Pkwy Ks

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.