

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

Do not use this space.

4843

706

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 3637, Broadway)

Registration District No. 399  
Primary Registration District No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** Mrs. Martha Price Fletcher

(a) Residence, No. 3637 Broadway St. 5 Ward.

(Usual place of abode) Length of residence in city or town where death occurred 41 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-22-1847</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>4</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

MOTHER FATHER 13. NAME Williamson Price

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

15. MAIDEN NAME Mary Dillon

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

17. INFORMANT Miss Reine Fletcher (ADDRESS) 3637 Broadway K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Feb. 22 '19 32

19. UNDERTAKER Freeman Mortuary & Chapel (ADDRESS) 104 W. 42nd St. K. C. Mo

20. FILED 2/21/32 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 19 32

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1932 to February 20, 1932. I last saw her alive on February 20, 1932. Death is said to have occurred on the date stated above, at 10.25 A.M.

The principal cause of death and related causes of importance were as follows:

Acute bronchitis with terminal bronchopneumonia.

Date of onset

Feb. 10 1932

Other contributory causes of importance: 1070

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Clinical Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_ (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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_ (Signed) Joseph E. Welker, M. D.  
(Address) 836 Professional Bldg.

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.

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