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

Do not use this space.

7158

1. PLACE OF DEATH
108 County Vernon — Registration District No. 875
Township Washington — Primary Registration District No. 6162
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 41

2. FULL NAME Mary Catherine Flesher
(a) Residence. No. State Hospital #3 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 25 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	9	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY) 2

PARENTS
10. NAME OF FATHER Ruben Anderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ? 31
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lucinda Faulkner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky 2
(STATE OR COUNTRY)

14. INFORMANT State Hospital #3
(Address) Nevada, Mo.

15. FILED 2-17, 1932 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 15 1932

17. I HEREBY CERTIFY, That I attended deceased from February 5, 1932 to February 15, 1932 that I last saw her alive on Feb. 15, 1932 and that death occurred, on the date stated above, at 7:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
131
101 (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) Ch. nephritis
(duration) ? yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes Feb 15, 1932
WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Autopsy
(Signed) K. Snyetoff, M. D.
Feb 15, 1932 (Address) State Hospital #3

*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	DATE OF BURIAL
Hill Crest Cem.	Feb 17 1932
20. UNDERTAKER	ADDRESS
Porter McClark	Galena