

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

Do not use this space.

11431

1. PLACE OF DEATH

113 County Worth
Township Smith
City Allestale (No. _____)

Registration District No. 903
Primary Registration District No. 6211

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME

Leda Fay Fitchall
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred Life 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8, 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
28 2 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) March 30, 1932 11. Total time (years) spent in this occupation. 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allestale Mo.

FATHER 13. NAME Frank Mauldin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allestale Missouri

MOTHER 15. MAIDEN NAME Francis Combs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver Missouri

17. INFORMANT (ADDRESS) Miss Francis Mauldin
Spring City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fitchall Cem DATE 3/31 1932

19. UNDERTAKER (ADDRESS) John C. Dumble
Spring City, Mo.

20. FILED B. 31 1932 John Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30-32

22. I HEREBY CERTIFY, That I attended deceased from 3-30-32 to 3-30-32
I last saw her alive on 3-30-32 1932 Death is said to have occurred on the date stated above, at 4:00 P.
The principal cause of death and related causes of importance were as follows:

Accidental burn - Date of onset 3-30-32
1/2 body 3 degree burns
Gasoline explosion
or flammus envelope

Other contributory causes of importance:
181 1

Name of operation ✓ Date of 5/10
What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury 3-30-32
Where did injury occur? Allestale Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury Burn - Due to kerosene
Nature of injury burn

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) E. J. Rice, M. D.
(Address) Grantsville 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. APR 30 1932

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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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Worth
Township Smith
City (No. St. Ward)

Registration District No. 903
Primary Registration District No. 211

File No.
Registered No. 5

2. FULL NAME

Loda Faye Fletchall

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 5/10 1932 J. H. Anderson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30 1932

22. I HEREBY CERTIFY, That I attended deceased from

to 19.....

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at m.

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

accidental burns Date of onset
1/2 body 3 degree burns
Gasoline Explosion
No house burnt
Other contributory causes of importance.

Name of operation 181 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide accident 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. Home

Manner of injury burns

Nature of injury burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

SUPPLEMENTARY

2-11431