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.

NOV 28 1932

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

Do not use this space.

33312

1. PLACE OF DEATH 91
County Ripley
Township Jordan
City (No. St. Ward)
Registration District No. 750
Primary Registration District No. 5987
File No. 11
Registered No. 1117

2. FULL NAME Margie Catherine Fleshman
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
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) Oct 17-1925
7. AGE YEARS 6 MONTHS 11 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION
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) Mo
FATHER
13. NAME Robert W Fleshman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
MOTHER
15. MAIDEN NAME Verda Ellen Payne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
17. INFORMANT (ADDRESS) R W Fleshman Grandin Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Sullivan Cem. DATE 10/8 1932
19. UNDERTAKER (ADDRESS) Family
20. FILED 10/8 1932 E B Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6. 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1932 to Oct 1 1932
I last saw her alive on Sept 24 1932 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:
Pneumonia-Bronchi
38
38
Date of onset
Other contributory causes of importance:
Malaria -
Name of operation 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? 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?
If so, specify
(Signed) R. H. Watson, M. D.
(Address) Doniphan Mo.