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.

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

Do not use this space.

40900

1. PLACE OF DEATH
County Wolf Valley C. — Registration District No. 626 — File No.
Township Independence — Primary Registration District No. 4372 — Registered No.
City Parnell MO (No. ..... St. ..... Ward)

2. FULL NAME Jacob Walter Fletchall
(a) Residence, No. Parnell MO St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sula Fletchall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 17-1889
7. AGE Years 43 Months 7 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~[illegible]~~ 40
10. Date deceased last worked at this occupation (month and year) Dec 7-32
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City Missouri

FATHER
13. NAME Jacob Fletchall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City Mo.

MOTHER
15. MAIDEN NAME Ret. Bowen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Redding Iowa

17. INFORMANT (ADDRESS) Mrs Sula Fletchall
18. BURIAL, CREMATION, OR REMOVAL PLACE Fletchall Cem. Worth Co. DATE Dec. 13, 1932
19. UNDERTAKER (ADDRESS) A. J. Roof & Co. Parnell, Mo.
20. FILED Dec 20, 1932 Chas Campbell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13, 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1932 to Dec 13, 1932
I last saw him alive on Dec 13, 1932 Death is said to have occurred on the date stated above, at 12, 10 p.m.
The principal cause of death and related causes of importance were as follows:
Hypertrifeed heart, with myeral segurgation
Date of onset
Other contributory causes of importance:
Name of operation none 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? No
If so, specify
(Signed) Ale Long, M. D.
(Address) Sheridan