MAR 21 1933

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.

1. PLACE OF DEATH
14 County Wright — Registration District No. 907 — File No. 8345
2 Township — Primary Registration District No. 6-2-2-0 — Registered No. 2
6 City Mansfield (No. 4 St. Ward)

2. FULL NAME Ester Marie Fleetwood

(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. 10 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15-1932

7. AGE YEARS — MONTHS 10 — DAYS 14 — 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. Child
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) Mansfield Mo

FATHER
13. NAME William Fleetwood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co Missouri

MOTHER
15. MAIDEN NAME Flora Manning
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co Missouri

17. INFORMANT (ADDRESS) William Fleetwood Mansfield Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mansfield Mo DATE Feb 10 1933

19. UNDERTAKER (ADDRESS) F. C. Steffe Mansfield Mo

20. FILED Feb 10 1933 J A Fuson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 26th 1933, to Feb. 9 1933
I last saw her alive on Feb 9th 1933 Death is said to have occurred on the date stated above, at 8 45 pm.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza. | Jan 26 |
| 11A | |
| 10 11A | |

Other contributory causes of importance:

| | |
|---|---|
| Bronchial Pneumonia | Jan 28. |

Name of operation Date of
What test confirmed diagnosis? none Was there an autopsy? no

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) W. A. Zimmerman, M. D.
(Address) Mansfield Mo.