

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

Do not use this space.

13638

File No. 172
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

49 County Jasper
Township _____
City Central City (No. _____)

Registration District No. 411
Primary Registration District No. 2002

2. FULL NAME

Marston Albert Fletcher

(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. da. / How long in U. S., if of foreign birth? yrs. mos. da.

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 I da Fletcher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19, 1872
7. AGE YEARS 60 MONTHS 8 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commissioner Business
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 1/1/33 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
13. NAME Sidas Fletcher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Mary Jane Adcock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT I da Fletcher
(ADDRESS) Central City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salina Ks. DATE April 16, 33

19. UNDERTAKER Porter M. Clark
(ADDRESS) Salina Ks.

20. FILED 4/26 1933 Chesson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1933
22. I HEREBY CERTIFY, That I attended deceased from April 25, 1933 to April 26, 1933
I last saw him/her on April 26, 1933 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:
Coronary Embolus
940
Other contributory causes of importance:
High blood pressure

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? No 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) W. J. Johnson M. D.
(Address) Jasper

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.

MAY 22 1933

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

