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

Do not use this space.

File No. 18800

Registered No. 17

1. PLACE OF DEATH

2 County ANDREW — Registration District No. 16

Township ROCHESTER. — Primary Registration District No. 5020

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME JOHN WESLEY FLETCHALL

(a) Residence, No. ..... St., ... Ward. HELENA, ? MO.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	DIVORCED.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 19, 1863.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	10	5	

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. GEN. FARMING.

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) GRANT CITY, MO.

FATHER

13. NAME GEORGE FLETCHALL.

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

MOTHER

15. MAIDEN NAME NANCY COX

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

17. INFORMANT (ADDRESS) F. S. Hunt R.F.D. # 2, HELENA, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE HELENA, MO. DATE 6/ 26/1933.

19. UNDERTAKER (ADDRESS) H.D. WILSON, KING CITY, MO.

20. FILED June 25 1933 Mrs. Bettie Boggess Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 24/ 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to June 24, 1933

I last saw him alive on June 15, 1933. Death is said to have occurred on the date stated above, at 8:00 m. P.M.

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

	Date of onset
Mitral Insufficiency	1930
CVA	

Other contributory causes of importance:

8

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) E. M. Reynolds, M. D.

(Address) UNION STAR, MO.

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.

JUL 20 1933