

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. St. Joseph Hospital) St. _____ Ward _____

File No. 22391
Registered No. 727

2. FULL NAME Mary Fannie Fleming

(a) Residence, No. 712 Main street 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George H. Fleming

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 4, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	49	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Rock Port (STATE OR COUNTRY) Missouri

13. NAME Andrew J. Hughes

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Caroline Harris

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Indiana

17. INFORMANT Earl Fleming (ADDRESS) 712 Main st St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Hillsap Cemetery PLACE Rock Port Mo. DATE July 24 19. 33

19. UNDERTAKER H. O. Siderfader (ADDRESS) 1802 Union st St. Joseph Mo.

20. FILED Jul 22 1933 John R. Bender Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1933 to July 21, 1933
I last saw her alive on July 21, 1933 Death is said to have occurred on the date stated above, at 10:35 P.m.

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

Cerebral Hemorrhage Date of onset July 19

Other contributory causes of importance:

art. sclerosis
hypertension

Name of operation none Date of _____

What test confirmed diagnosis? Q. smud 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? W

If so, specify _____ (Signed) D. J. Suman, M. D.

(Address) St. Joseph Mo

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.

