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.

AUG 26 1933

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

Do not use this space.

247

1. PLACE OF DEATH
11 County Buchanan — Registration District No. 85 — File No. 22407
5 Township — Primary Registration District No. 1201 — Registered No. 744
9 City St Joseph Mo (No. State Hosp. #2 St. Ward)

2. FULL NAME Charles Fleming
(a) Residence, No. 2547 Troost St. C. Mo. 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Abt 1900

7. AGE Abt — YEARS 33 — MONTHS unknown — DAYS — If LESS than 1 day, ...hrs. or ....min.

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

60
2
2
31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) San Francisco Cal

FATHER
13. NAME Chas Fleming
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Katie Kilce
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) State Hospital Records St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City Mo DATE 7-31 1933

19. UNDERTAKER (ADDRESS) Stingley & Stamey St Joe Mo

20. FILED 7-29-33 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25 1932, to July 26, 1933
I last saw him alive on July 26, 1933. Death is said to have occurred on the date stated above, at 7:20 P.m.
The principal cause of death and related causes of importance were as follows:
Gen Paresis — Date of onset 4/25/32
33
34
34

Other contributory causes of importance: Syphilis — Indefinite

Name of operation None — Date of
What test confirmed diagnosis? Bob & Clin — Was there an autopsy? No

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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature], M. D.
(Address) State Hospital No 2