

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

Do not use this space.

26065

1. PLACE OF DEATH

County St. Louis Registration District No. 282
 Township St. Louis Primary Registration District No. 5412
 City Carroll (No. St. Ward)

2. FULL NAME

William Fletcher
 (a) Residence, No. Carroll 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 Male 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
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23, 1917
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 7 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
 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) (STATE OR COUNTRY) OKla

FATHER 13. NAME Robert Fletcher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Eva Curtis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Jeane Fletcher
Carroll Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clark Chapel DATE Aug 5, 1933

19. UNDERTAKER (ADDRESS) Howard L. Anderson
Carroll Mo

20. FILED 8/4/33 19 Jeane Watson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1933 to Aug 4, 1933
 I last saw him alive on Aug 4, 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:

Malaria Septicemia Date of onset

Other contributory causes of importance: 32 30

Name of operation None 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? No

If so, specify

(Signed) W. P. Desimpney, M. D.

(Address) Carroll 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.

AUG 22 1933

