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

Do not use this space. 9

File No. 3794-4

Registered No. 2

1. PLACE OF DEATH
County Clay
Township Liberty
City ..... (No. ..... St. ..... Ward)
Registration District No. 978
Primary Registration District No. 5008

2. FULL NAME Corinne Ethel Fleshman

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 F
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 E. E. Fleshman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 14 1906.

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	7	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Novinger
(STATE OR COUNTRY) Mo

FATHER
13. NAME Daniel Adams.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Corinne Jones.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT E. E. Fleshman
(ADDRESS) Novinger, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Novinger Cemetery DATE Feb 4 1934

19. UNDERTAKER Llewellyn Eden
(ADDRESS) Novinger Mo.

20. FILED 4/2/6 1934 Ruth Novinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1933 to Feb 2 1934
I last saw h. alive on Feb 2 1934. Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	Oct 1933

Other contributory causes of importance:

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) J. H. Garrison, M. D.
(Address) Novinger 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.