

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

Do not use this space.

8189

1. PLACE OF DEATH

County Cass
Township Alan
City _____ (No. _____)

Registration District No. 153
Primary Registration District No. 5217

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Cornelia Hamilton Fletcher
(a) Residence. No. _____ St. _____ Ward _____
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26 - 1934

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

17. I HEREBY CERTIFY, That I attended deceased from March 24, 1934, to March 26, 1934 that I last saw him alive on March 25, 1934, and that death occurred, on the date stated above, at 12-30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21 - 1874

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS 59 9 5 **IF LESS than 1 day, _____ hrs. or _____ min.**

Lobar Pneumonia of both Lungs

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds. _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Va

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

10. NAME OF FATHER Thomas G. Fletcher

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Sarah E. Berry

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) P. H. Parrish, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

March 26, 1934 (Address) Freeman Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address) Mrs Charles Nelson
Freeman Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Big Springs Tex **DATE OF BURIAL** Mar 27 1934

15. FILE NO. 266. 94 **REGISTRAR** W. J. Faffoon

20. URBETAKER W. G. Mayo **ADDRESS** Blount 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.

1834
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