

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.

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MAY 25 1934

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

Do not use this space.  
*Wells*  
12562

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township \_\_\_\_\_ Primary Registration District No. 2001  
City Springfield (No. Springfield Baptist Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Mrs. Rosa Fletcher

(a) Residence, No. Ava, Missouri 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) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Paul Fletcher  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1880  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 53 11 25

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife  
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) Ava, Missouri.

FATHER  
13. NAME Mr. Millage King.

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

MOTHER  
15. MAIDEN NAME Minerva Jane Potter

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

17. INFORMANT Mr. Paul Fletcher.  
(ADDRESS) Ava, Missouri.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Ava, Missouri. DATE 4/19/34 19.

19. UNDERTAKER H. H. Lohmeyer.  
(ADDRESS) Springfield, Missouri.

20. FILED 4-19-34 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17 1934  
22. I HEREBY CERTIFY, That I attended deceased from Apr 12 1934 to Apr 17 1934  
I last saw her alive on Apr 17, 1934 1934. Death is said to have occurred on the date stated above, at 3 P. m.  
The principal cause of death and related causes of importance were as follows:

Ruptured Appendicitis  
(Perforated)

Other contributory causes of importance:

Name of operation 1201 1212 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) Wells M. D.  
(Address) Springfield, Mo

