

MAY 25 1934

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

Do not use this space.

12924

1. PLACE OF DEATH

County JacksonRegistration District No. 303Township Raw

Primary Registration District No.

City Lamasium Mo. (No. 951 Bell)

1002

File No.

Registered No. 1675

St. Ward)

2. FULL NAME

(a) Residence, No. 951 Bell Ave. 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 col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Fletcher6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk 1866

7. AGE YEARS 68 MONTHS DAYS If LESS than 1 day, hrs. or min.

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) Mississippi13. NAME unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) John Fletcher18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Cemetery DATE 4/14/3419. UNDERTAKER (ADDRESS) H. B. Moore 1820 E. 1st St.20. FILED Apr. 13, 1934 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/10/3422. I hereby certify that I attended deceased from 11/10/34 to 11/10/34, 1934I last saw him alive on 6/15/34 Death is said to have occurred on the date stated above, at 6:57 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of 11/10/34
What test confirmed diagnosis? Was there an autopsy yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 1934Where 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) [Signature](Address) [Signature]

M. D.

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.

THIS IS A PERMANENT RECORD

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