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.

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

Do not use this space.

30834

1. PLACE OF DEATH SEP 13 1934

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City St. Louis (No. 4374 Cook Avenue St. ..... Ward)

File No. .....

Registered No. 8095

2. FULL NAME Narcisus Fletcher

(a) Residence, No. 4374 Cook Avenue St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Unavailable 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: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF: George Fletcher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1861/

7. AGE: About 75 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

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) Unavailable

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gray Summit Missouri

FATHER

13. NAME: Turner Goode

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable

MOTHER

15. MAIDEN NAME: Carmelia Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Walter Zampier 4374 Cook Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE: Washington Park DATE: Aug. 8, 1934

19. UNDERTAKER (ADDRESS): Charles J. Gates 4107 Finney Avenue

20. FILED: AUG -7 1934 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1933, to Aug 4, 1934

I last saw her alive on August 4th, 1934. Death is said to have occurred on the date stated above, at 9:40 p. m.

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

	Date of onset
Cerebral Hemorrhage	
82A	
82D	
82	

82a1

Other contributory causes of importance:

Arteriosclerosis - Hypertension & hemiphlegia

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 no

(Signed) W. P. Curtis M. D.

(Address) 219 North Jefferson Avenue

100M-11-24-33