

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

Do not use this space.

OCT 11 1934

1. PLACE OF DEATH

County Andrew Registration District No. 26
Township South Primary Registration District No. 3002
City Mexico (No. _____) St. _____ Ward _____

File No. 31869
Registered No. 740

2. FULL NAME Louis Fleming

(a) Residence, No. 404 W. Whiskey 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. B. Fleming

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) (STATE OR COUNTRY) Ohio

13. NAME Stephen Baker

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

15. MAIDEN NAME Jemima Ricker

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

17. INFORMANT Mrs. H. E. Johnson
(ADDRESS) Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shrewsbury, Mexico Mo DATE Sept 29 1934

19. UNDERTAKER H. A. Prall & Son
(ADDRESS) Mexico Mo

20. FILED 9-29-34 Blawie Kelly
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1934 to Sept 28, 1934
I last saw her alive on Sept 28, 1934 Death is said to have occurred on the date stated above, at 1-A, m.

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

Weak Heart and Relapsing arteriosclerosis & Anemia
Date of onset _____
Other contributory causes of importance: Old age

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 _____

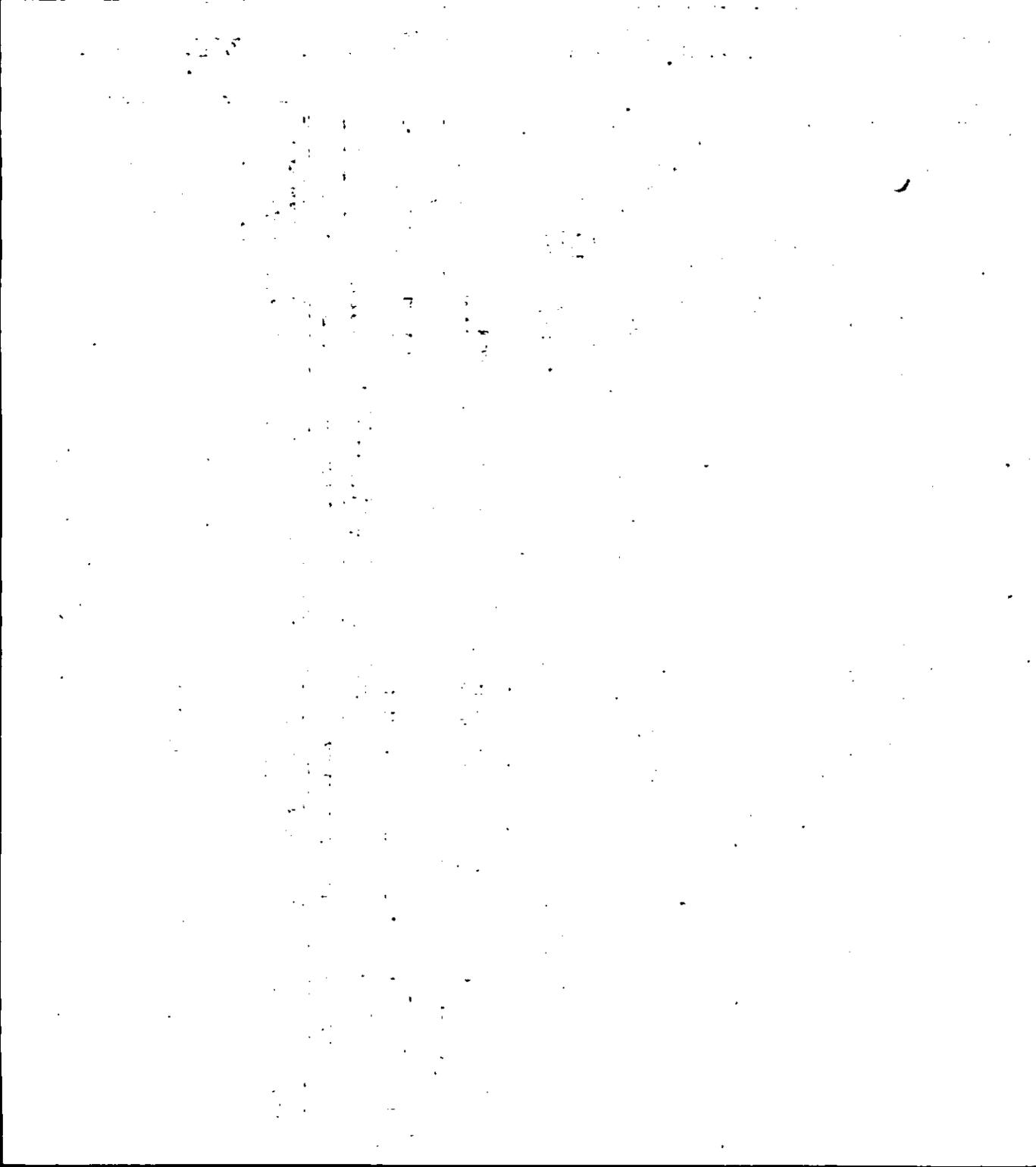
24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) H. E. Ricker, M. D.
(Address) Mexico Mo

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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Audrain

WASHINGTON

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Carrie Fleming
Who died at _____ on Sept 28 - 1931
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 90 Months 7 Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Weak heart and sclerosis of arteries Month _____ Year _____

Birthplace (State or country) Vertigo and America

Birthplace of father (State or country) Ohio this old lady after

Birthplace of mother (State or country) death she was over 90 Hard

Principal cause of death: my artery Arteriosclerosis
had suddenly happened from weak heart -
but any further about the man

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Dr. Gibbs - Mexico mo

Address of physician _____

Signature of Registrar Blanche Kelly Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 26

Very truly yours,

E. T. McLaugh

Primary Reg. Dist. No. 3002

State Registrar

Special Agent.

1951-1952 Account

1953-1954 Account

1955-1956 Account

1957-1958 Account

1959-1960 Account

1961-1962 Account

1963-1964 Account

1965-1966 Account

1967-1968 Account

1969-1970 Account

1971-1972 Account

1973-1974 Account

1975-1976 Account

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1979-1980 Account

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2015-2016 Account

2017-2018 Account

2019-2020 Account

2021-2022 Account

2023-2024 Account

2025-2026 Account

2027-2028 Account

2029-2030 Account

2031-2032 Account

2033-2034 Account

2035-2036 Account

2037-2038 Account

2039-2040 Account

2041-2042 Account

2043-2044 Account

2045-2046 Account

2047-2048 Account

2049-2050 Account

2051-2052 Account

2053-2054 Account

2055-2056 Account

2057-2058 Account

2059-2060 Account

2061-2062 Account

2063-2064 Account

2065-2066 Account

2067-2068 Account

2069-2070 Account

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