

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

Do not use this space.

41988

JAN 1 4 1934

**1. PLACE OF DEATH**

County Buchanan  
Township State  
City Mo.

Registration District No. 80  
Primary Registration District No. 1721

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

John Wesley Fletcher  
(a) Residence, No. .... 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Fletcher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
79 3 14

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co. Mo.

FATHER  
13. NAME Charles Fletcher

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

MOTHER  
15. MAIDEN NAME Rebecca Scott

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

17. INFORMANT Mrs Elizabeth Fletcher (ADDRESS) Agency

18. BURIAL, CREMATION, OR REMOVAL PLACE No. 6, Buchanan Co. DATE 12-24-34

19. UNDERTAKER H. A. Sullivan (ADDRESS) Lewell, Mo.

20. FILED Dec 22 1934 Mar Lucy Powell Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 4th, 1934, to Dec 21st, 1934  
I last saw him alive on 12-21-, 1934 Death is said to have occurred on the date stated above, at 10 p. m.  
The principal cause of death and related causes of importance were as follows:

Acute myocarditis  
51  
Other contributory causes of importance: coronary atherosclerosis  
Date of onset

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) J. C. Starks, M. D.  
(Address) Lawrence, 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.

