

APR 19 1935

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

Do not use this space.

9747

1. PLACE OF DEATH

County LinnRegistration District No. 496

File No.

Township BrookfieldPrimary Registration District No. 3025Registered No. 33City Brookfield (No. 520)

S. Main

St. 4 Ward

2. FULL NAME

Annie Cooper Fleetwood(a) Residence, No. 520 S. Main St. 4 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)
WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMarion Fleetwood

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

5/19/1867

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.679288. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.At Home9. 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)TripletMo.

13. NAME

Lee Jackson14. BIRTHPLACE (CITY OR TOWN),
(STATE OR COUNTRY)Not KnownKentucky

15. MAIDEN NAME

Thursa Littrell16. BIRTHPLACE (CITY OR TOWN),
(STATE OR COUNTRY)Howard Co.,Mo.17. INFORMANT
(ADDRESS)Mrs. Leta Whitworth
Brookfield, Mo18. BURIAL, CREMATION, OR REMOVAL
PLACERose HillDATE 3/19/3519. UNDERTAKER
(ADDRESS)C. W. Hise
Brookfield, Mo20. FILED 3-18 1935 Whucan, M. O.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/17/35 193522. I HEREBY CERTIFY, That I attended deceased from
March 21, 1934 to March 17, 1935I last saw him alive on March 17, 1935. Death is saidto have occurred on the date stated above, at 2 P. m.

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

Chronic Bright's
Disease

Date of onset

9/21/34

Other contributory causes of importance:

Heart Cellulose

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? N.O.

If so, specify.....

(Signed) E. H. Standley, M. D.(Address) Brookfield, 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.

