

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.

AUG 20 1935

23128

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Flaw. Primary Registration District No. 1002
City Maumessity (No. 3838 Chestnut

File No.
Registered No. 2870 Ward

2. FULL NAME

(a) Residence, No. 3838 Chestnut Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph C. Fleming

22. I HEREBY CERTIFY, THAT I attended deceased from July 13, 1935 until July 14, 1935 last seen alive on July 13, 1935. Death is said to have occurred on the date stated above, at 7:00 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17-1864

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 9 27

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Angina Pectoris

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9:15

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sheelbina mo

Coronary Stenosis

13. NAME Dr. W. C. Higbee

Name of operation None Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cerritos Co Ohio

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Mary Ann Hill

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

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

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Clinton L. Fleming

Manner of injury

18. BURIAL CREMATION, OR REMOVAL PLACE Edmond Ohio July 17 1935

Nature of injury

19. UNDERTAKER (ADDRESS) Clyde Fisher Home

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED 7/16 1935 M. M. Crowe Registrar

If so, specify (Signed) Charles Albente D.O. (Address) 230 W. B. Bly

