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

Do not use this space.

39818

1. PLACE OF DEATH

County Jackson
Township K-1
City Kansas City (No. 1217 East 31st)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 45501
St. _____ Ward _____

2. FULL NAME John Andrew Flemming

(a) Residence, No. 1217 East 31st, St. _____, Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alta Flemming</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-21-65</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>7</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Salesman</u>	
	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 <u>15</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1935 to Dec. 28, 1935
I last saw him alive on Dec. 28, 1935. Death is said to have occurred on the date stated above, at 11:50 P.M.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris

Other contributory causes of importance:
arteriosclerosis

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER FATHER

13. NAME Ferb Flemming

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

15. MAIDEN NAME Sarah McConnell

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

17. INFORMANT Wife (ADDRESS) K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park Cem DATE 12-30-35

19. UNDERTAKER Melody-McGilley (ADDRESS) _____

20. FILED Dec 30 1935 M. M. Carome Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis Physical exam 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? no
If so, specify _____
(Signed) Valley Rosenberg D.
(Address) 843 Talley Blvd
K.C. 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.

12-28-35

