

APR 24 1936

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

Do not use this space.

1. PLACE OF DEATH

County Clay
Township Keamy
City _____ (No. _____) St. _____ Ward _____

Registration District No. 200
Primary Registration District No. 5279B

File No. 5116
Registered No. 5

2. FULL NAME

Edward F. Fleming
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah "Kerr" Fleming

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-20-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 11 17

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

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) Platte Co. Mo.13. NAME Sampson Fleming14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina15. MAIDEN NAME Martha Cook16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT Mrs. E. F. Fleming
(ADDRESS) Keamy Mo. R. 7th18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Cem. Platte Co. Mo. DATE 2-8-3619. UNDERTAKER Sp. McComas
(ADDRESS) Keamy Mo.20. FILED 78 1936 Thas. H. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6-36, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1936, to Feb 6, 1936

I last saw h.j.m. alive on Jan 22, 1936. Death is said to have occurred on the date stated above, at 7:45 p.m.

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

Carcinoma of PancreasDate of onset 10-9-36

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936Where 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) N. R. Schuhmacher, M. D.(Address) Keamy 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.

