

APR 16 1936

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

Do not use this space.

99790

## 1. PLACE OF DEATH

County ClayRegistration District No. 150

File No. ....

Township Indian RiverPrimary Registration District No. 111

Registered No. ....

City Excelsior Springs

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 102 East South St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Fletcher6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4, 18727. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
64 2 248. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Girard Kansas13. NAME A. A. Fletcher14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ind15. MAIDEN NAME Almira E. Mark16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loyans Ind17. INFORMANT (ADDRESS) Mrs. Eva Fletcher  
Excelsior Springs MO18. BURIAL, CREMATION, OR REMOVAL PLACE Salon DATE March 31 '3619. UNDERTAKER (ADDRESS) Burport Hope  
Excelsior Springs20. FILED 3 29 19 36 Edward M. Craden  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 193622. I HEREBY CERTIFY, That I attended deceased from March 23, 1936 to March 28, 1936  
I last saw him alive on March 23, 1936 Death is saidto have occurred on the date stated above, at 4:30 PM  
The principal cause of death and related causes of importance were as follows:myocarditis unknown Date of onsetOther contributory causes of importance  
old chronic asthma  
Influenza for 2 wksName of operation none Date of .....  
What test confirmed diagnosis? clinical Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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 Other than injury  
Nature of injury Liberty City Mo24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify In Governmental life(Signed) J. D. Chayer M. D.  
(Address) Excelsior Springs MO

