

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

Do not use this space.

MAY 21 1936

14997

1. PLACE OF DEATH

County Howell Registration District No. 384
West Plains, Primary Registration District No. 4227
 City (No. St. Ward)

2. FULL NAME Irene Fleetwood

(a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 10 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>fe</u>	4. COLOR OR RACE <u>wht</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 25, 1920</u>		
7. AGE <u>15</u>	YEARS <u>6</u>	MONTHS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mansfield, Missouri</u>		
13. NAME <u>Charlie Fleetwood,</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ava, Missouri</u>		
15. MAIDEN NAME <u>Martha Hatfield,</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Douglas Co., Missouri</u>		
17. INFORMANT (ADDRESS) <u>Carrie Lane, West Plains, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mansfield,</u> DATE <u>4-6</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Robertson's Mortuary, West Plains, Missouri</u>		
20. FILED <u>4-27</u> 19 <u>36</u> <u>Vida W. SIMONS</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-1 1936, to 4-5 1936
 I last saw her alive on 4-5 1936. Death is said to have occurred on the date stated above, at 5:10 A.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
 Date of onset 3-24-36

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? exam Was there an autopsy? no

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) E. G. Bohrer, M. D.
 (Address) West Plains, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

