

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County HoltRegistration District No. 372File No. 12063

Township

Primary Registration District No. 4218Registered No. 966City Marion City (No.) St. Ward)

2. FULL NAME

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFArch Flemer, Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 24 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.8177

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

House work.

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)

Ind.

13. NAME

Patterson M. Co.

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

Unknown

15. MAIDEN NAME

Sytha Burton

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

Unknown

17. INFORMANT (ADDRESS)

Caro Smith, Marion City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Liberty DATE Apr 7 1937

19. UNDERTAKER (ADDRESS)

McCracken, Marion City, Mo.

20. FILED

Apr 2, 1937J. Emery Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from

June 13, 1937, to March 31, 1937
last saw her alive on March 31, 1937 Death is saidto have occurred on the date stated above, at 11 a.m.

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

Carcinoma of pylorus
46 years of age
Date of onset 2 2 3

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Stomach Was there an autopsy? Yes

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?

If so, specify

(Signed) J. C. Ferguson, M. D.(Address) Marion City, Mo.

