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.

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

Do not use this space.

JUN 16 1937

File No. 19270

Registered No. 94

1. PLACE OF DEATH

County: ~~Adair~~ Adair

Township:

City: Kirksville (No. Grim Smith Hospital St. Ward)

Registration District No. 4

Primary Registration District No. 3001

2. FULL NAME: Rose Francis White Fletcher

(a) Residence, No. Farm P.O. Box #6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF JOHN D. FLETCHER ~~Douglas White~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	31	1	22	

OCCUPATION

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

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) Clarence, Mo.

FATHER

13. NAME Douglas White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon County, Mo.

MOTHER

15. MAIDEN NAME Lillian Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester, N.Y.

17. INFORMANT (ADDRESS) Mrs. Douglas White Kirksville, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clarence, Moll DATE May 24, 1937

19. UNDERTAKER (ADDRESS) Davis Funeral Home Kirksville, Mo

20. FILED May 24, 1937 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1937, to May 22, 1937

I last saw her alive on May 22, 1937. Death is said to have occurred on the date stated above, at 11:20 a.m.

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

	Date of onset
Extensive burns of 7/8 of body surface including face.	

Other contributory causes of importance:

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Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5-22-1937

Where did injury occur? Farm home near Kirksville, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at home - House did not burn.

Manner of injury Explosion of gasoline - building fire

Nature of injury in stove. Extensive body burns.

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Spencer L. Freeman, M. D.

(Address) Kirksville, Mo.