

DEC 16 1937

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

Do not use this space.

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41046

1. PLACE OF DEATH

County Cole
Township
City Jefferson City (No., St. Ward)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No. 309

2. FULL NAME George Fletcher # 33267 Colored

(a) Residence, No. Missouri State Penitentiary Ward Jefferson City Mo.
(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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 26 1905</u>		
7. AGE	YEARS	MONTHS
<u>32</u>	<u>32</u>	<u>10</u>
		DAYS
		<u>28</u>
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. <u>Common Labor</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>
	11. Total time (years) spent in this occupation <u>Unkn</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mo. State Prison (ADDRESS) J. C. ...

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kirksville, Mo. DATE Nov. 24 1937

19. UNDERTAKER Dawson Tanner Ind. Co (ADDRESS) Jefferson City Mo.

20. FILED 11/24 1937 D. J. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937, to Nov. 24th, 1937

I last saw him alive on Nov. 24th 1937 Death is said

to have occurred on the date stated above, at 3.30A M.

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

Date of onset	
	<u>Pulmonary Tuberculosis</u>
Other contributory causes of importance:	<u>22</u>

Name of operation None Date of
What test confirmed diagnosis? X-Ray Was there an autopsy?

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 W. Raub

(Signed) W. Raub M. D.
Prison Physician,
Jefferson City 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.

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