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.

REC'D NOV 17 1938

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

Do not use this space.

36493

File No. 296

Registered No. 648

1. PLACE OF DEATH

County Pettis

Township Sedalia

City Sedalia (No. ....., ... St. ..... Ward)

Registration District No. 664

Primary Registration District No. 3032

2. FULL NAME Maggie Ann Fletcher

(a) Residence, No. 2201 E 12 St., ... Ward.
(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George R. Fletcher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11 1868

7. AGE: Years 70 Months 7 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Pettis County Missouri

FATHER

13. NAME Ruben De Haven

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

MOTHER

15. MAIDEN NAME Margaret Gill

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

17. INFORMANT (ADDRESS) George Fletcher Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Oct 17 1938

19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia

20. FILED 10/17 1938 Jean Sloan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1938 to Oct 14th 1938

I last saw he alive on Oct 14 1938. Death is said to have occurred on the date stated above, at 5 a.m.

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

	Date of onset
Cerebral Hemorrhage	9-9-38

Other contributory causes of importance: Chronic Nephritis as hypertension

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? ..... 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) Lord Belding, M. D.

(Address) Sedalia Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/8/36