

REC'D APR 20 1939

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

Do not use this space.

Mitchel

11884

File No. 11884
Registered No. 102
St. _____ Ward _____

1. PLACE OF DEATH

County PETTIS Registration District No. 668
Township Cedar Primary Registration District No. 5894
City Sealton (No. County Home)

2. FULL NAME STEPHENS LEONARDUS FLUTY.

(a) Residence, No. County Home St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nette Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 7 0

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Jell Missouri13. NAME Stephen Fluty14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois Missouri15. MAIDEN NAME Low Swaner16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT R. L. Fluty
(ADDRESS) Sealton Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Knob Noster DATE 3-16-1939

19. UNDERTAKER McLaughlin Bros
(ADDRESS) Sealton20. FILED 3-16-1939 Mrs Harry Sneed
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to Nov 15, 1938

I last saw him alive on Nov 15, 1938 Death is said

to have occurred on the date stated above, at _____ m.

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

Myocarditis chronic
Arterio Sclerosis chronic

Date of onset

Other contributory causes of importance: age

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) J. C. Mitchell, M. D.

(Address) _____

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.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4/10/39