

REC'D AUG 7 1939

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

24660
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 395
 (b) Township Blue Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. Kansas City Tuberculosis Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fleming, Theresa
 (a) Residence, No. 1118 Penk St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 (OR) WIFE OF Husband of Henry Fleming

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>56</u>	<u>6</u>	<u>24</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Kansas

FATHER
 13. NAME Brady, John
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER
 15. MAIDEN NAME Mc Cormick, Isabel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Records Dept. Hosp. K.C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 7/18/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed Donnelly, 3756 Broadway

20. FILED July 17, 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1939

22. I HEREBY CERTIFY That I attended deceased from Nov. 29, 1938, to July 16, 1939
 I last saw her alive on July 16, 1939 Death is said to have occurred on the date stated above, at 6:10 A.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset Sept. 1938

Other contributory causes of importance:
Acute Pulmonary hemorrhage

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. Garrison M. D.
 (Address) Kansas 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.