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

10057
Do not use this space.

1. PLACE OF DEATH
(a) County: Barry — Registration District No.: 37
(b) Township: Eagle — Primary Registration District No.: 6241 — Registered No.:
(c) City: — (d) Street No.: 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Nellie Fletcher
(a) Residence, No.: R#2 Garfield Ark. St.
(Usual place of abode, if no street address, write county or city) (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: Edward Fletcher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 19 1891
7. AGE — YEARS: 48 — MONTHS: 7 — DAYS: 9 — If LESS than 1 day, hrs. or min.

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): Wheaton, Mo.

FATHER
13. NAME: Fletcher Patton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mount Tyrone Ga

MOTHER
15. MAIDEN NAME: Ida Link
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Granby, Mo.

17. INFORMANT (ADDRESS): Edward Fletcher, R#2 Garfield, Ark

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cargile Cem. DATE: Mar 29, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Koon Funeral Home, Cassville, Mo.

20. FILED: 3/29, 1940 Leo Edens, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1940 to March 25, 1940
I last saw her alive on March 25, 1940 Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	March 1939
Cirrhosis of liver	

124B

Other contributory causes of importance:

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?
If so, specify:
(Signed) Charles A. Spearow M. D.
(Address) Cassville, Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

X14028

RECEIVED
District Health Officer No. 6,
Certificate Number 4410-1083
Date Filed APR 11 1940

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.