

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

Do not use this space.  
**34457**

**1. PLACE OF DEATH**

County Jackson Registration District No. 884  
 Township Law Primary Registration District No. 1590  
 City Consolidated, Mo. (No. Gen. Hosp #2) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1173

**2. FULL NAME**

Marica L. Fletcher  
 (a) Residence, No. 2217 Ruby St. 7 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. 21 How long in U. S., if of foreign birth? — yrs. — mos. — ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</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 _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15 1931</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>	
	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) <u>Kansas City Mo.</u>		
FATHER	13. NAME <u>William H. Fletcher</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Willa Baron</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>	
17. INFORMANT (ADDRESS) <u>Record Clerk</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Leeds Mo.</u>	DATE <u>10-14 1931</u>
19. UNDERTAKER (ADDRESS) <u>J.B. Moore 1820 618th St</u>		
20. FILED <u>10-14-31 M.M. Browne Registrar.</u>		

**MEDICAL CERTIFICATE OF DEATH**

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-17, 1931, to 10-6, 1931  
 I last saw her alive on Oct 6, 1931. Death is said to have occurred on the date stated above, at 7:05 PM.  
 The principal cause of death and related causes of importance were as follows:  
1. Congenital Syphilis Date of onset \_\_\_\_\_  
2. marasmus  
34-9  
153  
 Other contributory causes of importance:  
34  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinic Was there an autopsy? no

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) Dun Miller, M. D.  
 (Address) Gen Hosp #2

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.

