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

Do not use this space.

102

1. PLACE OF DEATH: County: Shelby; Township: Salt River; City: Shelbina (No. ..., ..., St. ..., Ward)

Registration District No. 730; Primary Registration District No. 6094

File No. 43 3425; Registered No. ...

2. FULL NAME: Laura Francis Fletcher

(a) Residence. No. ... St., ... 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. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

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: A. W. Fletcher

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 13 - 1870

7. AGE: Years 61; Months 2; Days 26; If LESS than 1 day, ... hrs. or ... min.

31
70
61

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelby Co. Mo.

PARENTS

10. NAME OF FATHER: Wesley Wood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky 2

12. MAIDEN NAME OF MOTHER: Kittie E. Robb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Penn

14. INFORMANT: A. W. Fletcher (Address) Shelbyville Mo.

15. FILED: Jan 11, 1932 Mattie Gooch, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 9 - 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1931, to Jan 9, 1932, that I last saw h. alive on Jan 9, 1932, and that death occurred, on the date stated above, at 9:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis Peritonitis
Dead - Found dead by Husband
Dec. 21 - 31 (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) ... (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? (1)

DID AN OPERATION PRECEDE DEATH? yes. DATE OF Jan 9 - 32

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Observation

(Signed) J. C. Thompson, M. D.

, 19 (Address) Shelbina, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Shelbyville I.O.O.F. Cemetery — DATE OF BURIAL: Jan 11 1932

20. UNDERTAKER: J. R. Thompson Bros — ADDRESS: Shelbyville 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.

[illegible]