

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township.....
City St Joseph (No. 1001)

85

Registration District No.
Primary Registration District No. 1001

3811

File No.
Registered No. 163
St. Ward)

2. FULL NAME

(a) Residence, No. St., Ward. Savannah Mo
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Abner E. Walker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown / 8 8 8</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>Unknown</u>
	DAYS <u>23</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</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>Savannah Missouri</u>		
FATHER	13. NAME <u>Thomas Fleming</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown New York</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown New York</u>	
17. INFORMANT (ADDRESS) <u>Abner E. Walker Savannah Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Felburn Mo</u> DATE <u>Feb. 21, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Fleming's General Home Inc. St. Joseph, Missouri.</u>		
20. FILED <u>2-21</u> 19 <u>32</u> <u>John R. Breders</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 18, 1932

22. I HEREBY CERTIFY That I attended deceased from Feb. 17th 1932, to Feb. 19 1932

I last saw her alive on Feb. 19 1932. Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Other contributory causes of importance: Coronary Artery Disease

Name of operation..... Date of.....
What test confirmed diagnosis? Lab - 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) W. J. Hays, M. D.
(Address) St. Joseph Mo

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.

APR 21 1932

