

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

Do not use this space.

26675

1. PLACE OF DEATH

County Linn Registration District No. 497
 Township North Benton Primary Registration District No. 4300
 City Browning (No. _____, St. _____ Ward)

2. FULL NAME Florence Alden Fleming

(a) Residence, No. Browning, Mo. 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 Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF America Fleming

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1857

7. AGE YEARS 74 MONTHS 8 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retiree Supplemental Doctor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business Lawyer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Green Oak, Penn. (STATE OR COUNTRY) 2

FATHER 13. NAME James P. Fleming

14. BIRTHPLACE (CITY OR TOWN) Amstony, Pa. (STATE OR COUNTRY) Penn.

MOTHER 15. MAIDEN NAME Delina Lantieri

16. BIRTHPLACE (CITY OR TOWN) Penn. (STATE OR COUNTRY)

17. INFORMANT Mrs. Lila Williams (ADDRESS) Browning, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns DATE 8/24 1932

19. UNDERTAKER W. W. Burgess (ADDRESS) Browning, Mo.

20. FILED 8/10 1932 (Miss) Elie Altsch Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1932
 22. I HEREBY CERTIFY, That I attended deceased from July 26, 1932 to Aug. 20, 1932
 I last saw him alive on July 29, 1932 Death is said to have occurred on the date stated above, at 8:25A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic nephritis (Interstitial) Date of onset 1928
13! Myocardial insufficiency Jan '32
 Other contributory causes of importance: Uremia
Pulmonary edema

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____
 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) J. Dixon M.D. M. D.
 (Address) Linneus, 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.

AUG 25 1932

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