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

Do not use this space.

1. PLACE OF DEATH
114 County Wright
Township Montgomery
City ..... (No. ..... St. ..... Ward)

Registration District No. 911
Primary Registration District No. 6227

File No. 28353
Registered No. .....

2. FULL NAME Mary Ann Elizabeth 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 Frank Fletcher

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) about 1 year ago
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME John Butts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER

15. MAIDEN NAME Lucy Warren
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) T. C. Butts Embro Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dutch Chapel DATE Aug-18 1932

19. UNDERTAKER (ADDRESS) Cunningham McCoy

20. FILED 8-19 1932 Mrs B L Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-17- 1932

22. I HEREBY CERTIFY, That I attended deceased from May-28- 1928, to Aug-17- 1932
I last saw her alive on Aug-11 1932. Death is said to have occurred on the date stated above, at 7:10 A.m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs

Date of onset

23A 23

Other contributory causes of importance: (1)

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) Robert B. Tilley, M. D.
(Address) Plato Me

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Wright — Registration District No. 911 — File No.
Township Montgomery — Primary Registration District No. 6227 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mary Ann E 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 f
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Fletcher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1864
7. AGE YEARS 68 MONTHS 10 DAYS — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwf
9. Industry or business in which work was done, as silk mill, 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) Ill.

FATHER
13. NAME John Butts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

MOTHER
15. MAIDEN NAME Lucy Warren
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

17. INFORMANT (ADDRESS) —
18. BURIAL, CREMATION, OR REMOVAL PLACE Drill Chapel DATE 8-8, 1932
19. UNDERTAKER (ADDRESS) Cunningham & McCoy
20. FILED Aug 19, 1932 Mrs. B. L. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-17-, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 28 1928, to Aug 17, 1932
I last saw her alive on Aug 17, 1932 Death is said to have occurred on the date stated above, at 7:10 P.M.
The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lungs

Date of onset

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) Robert B. Tilley, M. D.
(Address) Plato, Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

...in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-28353