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.

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

Do not use this space.

23369

File No. 3075

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City K. C. Mo (No. 2404 Kensington St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Thomas W. Fleming
(a) Residence, No. 2404 Kensington 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret Fleming
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May-28-1854
7. AGE: YEARS 79 | MONTHS 2 | DAYS 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
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): Indiana

FATHER
13. NAME: Johnathan Fleming
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Mary Comb
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): C. F. Dutton 2404 Kensington
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE 7-28-33
19. UNDERTAKER (ADDRESS): Mrs. C. L. Forster 918 Brooklyn Ave
20. FILED July 29, 1933 M. M. Crowe asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1933, to July 28, 1933
I last saw him alive on July 27, 1933 Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
94B	
97	
162	

94B

Other contributory causes of importance:
Arteriosclerosis
Senility

Name of operation none Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) A. Vincent, M. D.
(Address) 4202 E 24th