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 21 1934

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

Do not use this space.

24546

File No. 3144

Registered No.

1. PLACE OF DEATH

County Jackson

Township Kan

City Kansas City (No. K.C. General Hospital St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Floyd H Fletcher

(a) Residence, No. 2610 Jarboe St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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: Helen Fletcher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-16-1906

7. AGE: 28 YEARS: -1 MONTHS: 3 DAYS: 29 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.: Structural

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): Missouri

FATHER

13. NAME: Charles Fletcher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Anna Alumbaugh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Record Clerk K.C. General Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Moran Lac DATE 7-16-34 19

19. UNDERTAKER (ADDRESS): Lewis J Tobin Linwood & Main

20. FILED July 16 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-15-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-2-1934 to 7-15-1934

I last saw him alive on 7-15-1934 Death is said to have occurred on the date stated above, at 5:35 a.m.

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

Bronchopneumonia

1108

1078

1148

Date of onset

Other contributory causes of importance: Empyema + Lung Abscess

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) J H [illegible], M. D.

(Address) Gospt Gen Hosp

#2 Kansas City.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

3144

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Floyd H. Fletcher.
Who died at _____ on 7-15-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W ~~Single,~~ married, ~~widowed or divorced~~: _____

Date of birth _____ Age: Years 28 Months 3 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Broncho pneumonia 107a

Other contributory causes of importance Empyema + Lung abscess. (Non-Tuberculous)
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar M. M. Crowe Date filed 7/16/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh M.D.
Special Agent.

Reg. Dist. No. 399

Primary Reg. Dist. No. 1002

5-24546