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.

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NOV 16 1934

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

Do not use this space.

35156

1. PLACE OF DEATH

County: Barton — Registration District No.: 40 — File No.:

Township: — Primary Registration District No.: 4024 — Registered No.: 45—

City: Lamar (No. ..., ... St. ..... Ward)

2. FULL NAME: Hubert Elmore Fletcher

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: Mary Fletcher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 19-1859

7. AGE: YEARS 15 — MONTHS 2 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: and Farmer
10. Date deceased last worked at this occupation (month and year): 1908
11. Total time (years) spent in this occupation: 26

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison County Virgina

FATHER

13. NAME: T. G. Fletcher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

MOTHER

15. MAIDEN NAME: Sarah Berrey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

17. INFORMANT (ADDRESS): Mrs. H. E. Fletcher Lamar, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lake Cemetery DATE: October 25, 1934

19. UNDERTAKER (ADDRESS): C. F. Kowantz Lamar, Mo.

20. FILED: Oct. 25, 1934 U. J. Mynatt Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug-31, 1934 to Oct 24, 1934
I last saw him alive on Oct 23, 1934 Death is said to have occurred on the date stated above, at 6:20 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma that metastized to Bowels and hip bone -	
4.6C	
Other contributory causes of importance: 5.3D	

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Name of operation: Left Kidney Removed Date of: 1933
What test confirmed diagnosis? microscopic 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? .....
If so, specify .....
(Signed) C. E. Duckett, M. D.
(Address) Lamar Mo.