

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

Do not use this space.

APR 15 1936

9105

1. PLACE OF DEATH

County Andrew Registration District No. 16
Township Rochester Primary Registration District No. 5020
City Helena, Mo. (No. _____ St. _____ Ward _____)

File No. 15
Registered No. 13

2. FULL NAME

Josephine Fletcher
(a) Residence, No. 1244 Helena, 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 4 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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eli Fletcher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 7 3

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.
10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Whitesville Missouri

FATHER 13. NAME Morgan Funk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER 15. MAIDEN NAME Elnora Clemmons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT W. R. Fletcher
(ADDRESS) Helena, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE Mar. 15, 1936

19. UNDERTAKER Lucile M. Wilson
(ADDRESS) King City, Mo.

20. FILED March 14, 1936 Frank
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 13, 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 to Mar 5, 1935
I last saw him alive on Mar 5, 1936 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 8-5-36

Other contributory causes of importance:
Arterio Sclerosis
Name of operation _____ Date of _____
What test confirmed diagnosis? Cholesterol 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? Yes
If so, specify _____
(Signed) E. M. Reynolds M. D.
(Address) Union Star Mo.

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.

