

AUG 23 1937

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

Do not use this space.

27127

1. PLACE OF DEATH

35

County Waukegan
Township Clay
City (No.)

Registration District No. 287
Primary Registration District No. 0405

File No.
Registered No. 19 St. Ward

2. FULL NAME

Della Fleeman

(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. H. Fleeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 16 - 1896 -

7. AGE YEARS 41 MONTHS 4 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Marble Hill, Mo.

13. NAME Jale James -

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waukegan

15. MAIDEN NAME Bessie Robbins -

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jennett, Mo.

17. INFORMANT B. H. Fleeman (ADDRESS) Kennett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Horseshoe DATE July 25 1937

19. UNDERTAKER Baldwin Street Home (ADDRESS) Kennett, Mo.

20. FILED 7-25-37 E. J. Cape Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1937

22. I HEREBY CERTIFY That I attended deceased from Was called but arrived too late to perform services Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows: Arteriosclerosis (Coronary) Date of onset 140

Other contributory causes of importance: Recent Malaria complicating pregnancy

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 E. J. Cape (Signed) M. D. (Address) Horseshoe

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.

