

AUG 27 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Osage  
Township Crawford  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 640  
Primary Registration District No. 5849

File No. 27976  
Registered No. 16  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Frank William Fleck

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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.  
(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF <u>Nancy Fleck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 19, 1862</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>3</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>all his life</u>
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Cape Mo.</u>		
13. NAME <u>Peter Fleck</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Margaret Pappert</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT <u>Dorothy Pappert</u> (ADDRESS) <u>Osage Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W. H. Pappert</u> DATE <u>July 19, 1937</u>		
19. UNDERTAKER <u>Morton Funeral Home</u> (ADDRESS) <u>Osage Mo.</u>		
20. FILED <u>July 19, 1937</u> <u>Mrs. Doris Pappert</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15<sup>th</sup>, 1937

22. I HEREBY CERTIFY That Dr. J. J. Padmachee passed from Coroner of Osage County 19...  
I have seen the body of the deceased on the date stated above at the place stated above.  
The principal cause of death and related causes of importance were as follows:  
He died at 9:30 P. M.  
Coroner's Verdict  
Indo-Carditis & Enlarged Heart.  
Other contributory causes of importance:  
Chronic Endocarditis

Name of operation 920 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 \_\_\_\_\_  
(Signed) Dr. J. J. Padmachee Coroner, M. D.  
(Address) Osage Mo.

WRITE PLAINLY WITH UNBOLDING INK  
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.

1-X7044

