S.P.M.
JAN 20 1938

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

46084
Do not use this space.

1. PLACE OF DEATH
(a) County Mississippi
(b) Township
(c) City East Prairie
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 567
Primary Registration District No. 4334
Registered No. 97

2. PRINT FULL NAME Juliette Annie Fletcher
(a) Residence, No. East Prairie St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1858.
7. AGE YEARS 79 MONTHS 9 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Keeping house
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec. 15, 1937
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morganfield Ky.

FATHER
13. NAME John P. Chapman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

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

17. INFORMANT John Fletcher
(ADDRESS) East Prairie Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE W. O. W. DATE Jan 1 1938
19. FUNERAL DIRECTOR Jesse Shelby
(ADDRESS) East Prairie
20. FILED Dec 31, 1937 Mrs O M Hodges
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30 1937
22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1937, to Dec 30, 1937
I last saw h. er alive on Dec 30, 40 1937. Death is said to have occurred on the date stated above, at 1 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	

Other contributory causes of importance:

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
(Signed) H J Martin, M. D.
(Address) East Prairie 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.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Travis Shelby, Licensed Embalmer No. 2726

hereby certify that the body recorded on the reverse side of this certificate ~~was embalmed by~~ Was not embalmed

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Travis Shelby

Licensed Embalmer No. 2726

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)