

REC'D JUN 16 1938

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

18055

Do not use this space.

1. PLACE OF DEATH *Boale* 1 Registration District No. *211*
 (a) County *Boale* 1 Primary Registration District No. *4128*
 (b) Township *Mason*
 (c) City *Centertown* (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
 yrs. mo. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Lee Fletcher*
 (a) Residence, No. *Centertown mo* St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Belle Fletcher*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 18-1865*
 7. AGE YEARS *73* MONTHS *4* DAYS *2* If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mountain Co Mo*

FATHER 13. NAME *Robert Fletcher*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*

MOTHER 15. MAIDEN NAME *Martha Healey*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*

17. INFORMANT (ADDRESS) *Alex. Fletcher
Clarksburg mo*18. BURIAL, CREMATION, OR REMOVAL PLACE *New Hope con* DATE *5/22-38*19. FUNERAL DIRECTOR (NAME) (ADDRESS) *William F. ...
California, mo*20. FILED *May 22, 1938* *E. H. Beach M.D.*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 20,* 19 *38*22. I HEREBY CERTIFY, That I attended deceased from *January 16,* 19 *38* to *May 20,* 19 *38*I last saw him alive on *May 20,* 19 *38* Death is saidto have occurred on the date stated above, at *2:20* a.m.

The principal cause of death and related causes of importance were as follows:

*Carcinoma of the face,
commencing on the lower lip*

Date of onset

Other contributory causes of importance:

*none*Name of operation *none* Date of _____What test confirmed diagnosis? *none* Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *no* 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 *none*

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify: _____

(Signed) *Frank V. Nichols*, M. D.(Address) *Centertown, Mo.*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.