REC'D APR 15 1939

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

10680
Do not use this space.

1. PLACE OF DEATH

(a) County Douglas — Registration District No. 280

(b) Township Brown — Primary Registration District No. 5399 — Registered No.

or (c) City Sweden, Mo. — (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.

2. PRINT FULL NAME 433 Eythel Fleetwood

(a) Residence, No. Sweden, Missouri 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Fleetwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, ~~1939~~ 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	43	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) Sweden, Missouri

FATHER

13. NAME J. F. Spurlock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ava, Missouri

MOTHER

15. MAIDEN NAME Martha J. Strong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden, Missouri

17. INFORMANT (ADDRESS) J. F. Spurlock Ava, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dobbs DATE 3-25, 39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) None

20. FILED April 1, 1939 Mrs Mae Rebman
Local Registrar.

MEDICAL CERTIFICATE OF DEA[redacted]

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2[redacted]1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1938, to Mar 24, 1939

I last saw h[redacted] alive on Mar 20, 1939. Death is said to have occurred on the date stated above, at 4 A.m.

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

Nephritis — Date of onset: Dont / 1 mon

Other contributory causes of importance:
Hypertension arterial + sclerosis

Name of operation Had an abdominal operation at Fulton Mo. Date of Oct 1938

What test confirmed diagnosis? Dry + chemical Was there an autopsy? No

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? No
If so, specify .....
(Signed) R M Norman, M. D.
247 (Address) Ava Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa...

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Dr. R. M. Norman

RECEIVED
District Health Officer No. 6,
District File Number 6-39-708
Date Filed APR 4 1939

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.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

10 680
Do not use this space.

1. PLACE OF DEATH
(a) County: Douglas
(b) Township: Brown
(c) City:
Registration District No.: 280
Primary Registration District No.: 5377
Registered No.:
(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.

2. PRINT FULL NAME: Ethel Fleetwood
(a) Residence, No.: St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

NOWENA MOORE

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 NATIONALITY is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43	9	1	

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)

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE ,19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED , 19 Local Registrar.

SUPPLEMENTARY

13

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24 ,1939

22. I HEREBY CERTIFY, That I attended deceased from ,19 to ,19
I last saw h. alive on ,19 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:

	Date of onset
Nephritis Chronic	
Was Operated on Fulton Mo for Pelvic Tumor	
Do not know whether or not it was malignant	
N. M. D.	
Other contributory causes of importance:	
Hypertension arterial	
Sclerosis	
Had abdominal operation	Oct 1938

Name of operation Date of
What test confirmed diagnosis? Pathological 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) R. M. Norman, M. D.
(Address) Avon, Mo

MAY - 3 19[illegible]