CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Do not use this space.

1. PLACE OF DEATH
County Christian
Township 25 Barrett
City Garrison (No. ..... St. ..... Ward)

Registration District No. 186
Primary Registration District No. 5262A

File No. 25369
Registered No.

2. FULL NAME 432 Joe A. Fletcher

(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 87 yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22, 1851

7. AGE: YEARS 87 MONTHS 7 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hendersonville, N. C.

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

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

17. INFORMANT (ADDRESS) Mrs. Sylvia Workman (Dau) Chadwick, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chadwick DATE July 31 1939

19. UNDERTAKER (ADDRESS) John Harris Chadwick

20. FILED Aug 15 1939 Ina Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1936 to June 20, 1938
I last saw him alive on June 20, 1939. Death is said to have occurred on the date stated above, at 10:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance: Senility

Name of operation none Date of ✓
What test confirmed diagnosis? Phy. Ex. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none 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.
no injury
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) L. G. Hummel, M. D.
(Address) Bradleyville Mo

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RECE

No. 6,

95

District

839-1715

Date Filed AUG 16, 1939