

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

Do not use this space.

33097

1. PLACE OF DEATH

County Cole  
Township Jefferson  
City Jefferson City

Registration District No. 213  
Primary Registration District No. 3014  
(No. 409 Monroe St)

File No. \_\_\_\_\_  
Registered No. 241  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Centertown  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. 1 mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/28/1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 7 3

B. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work   
(b) General nature of industry, business, or establishment in which employed (or employer)   
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Centertown  
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Nathaniel Fletcher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Belfast  
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Peggy Chambers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Centertown  
(STATE OR COUNTRY) Mo.

14. INFORMANT A. L. Burden  
(Address) 409 Monroe St Jefferson City

15. FILED 10-6-1928 Lois B. Ford  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/1/28

17. I HEREBY CERTIFY, That I attended deceased from 9/29, 1928, to 10/1, 1928, that I last saw him alive on 10/1, 1928, and that death occurred, on the date stated above, at 7:00 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral hemorrhage

CONTRIBUTORY (SECONDARY) Asthenic Delemia  
(duration) yrs. \_\_\_\_\_ mos. 3 ds.

Grand Junction 2004  
(duration) yrs. 2 mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH: no DATE OF ✓

WAS THERE AN AUTOPSY: no

WHAT TEST CONFIRMED DIAGNOSIS: Clinical

(Signed) M. A. Clark M. D.

10/7.1928 (Address) Jefferson City Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Centertown Mo

DATE OF BURIAL 10/3 1928

J. E. Williams

20. UNDERTAKER ADDRESS California

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.

1928

