

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

Do not use this space.

19145

1929

1. PLACE OF DEATH

County..... Ray Registration District No. 744
 Township..... Richmond Primary Registration District No. 3035
 City..... Richmond (No.) St. Ward)

2. FULL NAME Carmelia E. 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 yrs. 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** Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June-13-1840
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 | 11 | — | —

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House Duties
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Va

10. NAME OF FATHER Joseph Stary

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT James Fletcher
 (Address) Richmond Mo

15. DATE May 13, 1929
 FILE No. 6654 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13, 1929

17. I HEREBY CERTIFY, That I attended deceased from
, 19....., to 19.....
 that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 6:30 a.m.

CAUSE OF DEATH* (AS FAR AS KNOWN)
Senility with myocardial infarction
no complaint, just worn out,
130 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Age
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Not known
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) R. D. Gerner, M. D.

Richmond Mo (Address)
 *State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL bury slope **DATE OF BURIAL** May 14, 1929

20. UNDERTAKER E. Hurman **ADDRESS** Richmond Mo

