

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

MAR 25 1936

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

Do not use this space.

7414 7

1. PLACE OF DEATH

County St. Francois
Township
City Farmington (No.)

Registration District No. 773
Primary Registration District No. 4464

File No.
Registered No. 28
St. Ward)

2. FULL NAME

Sarah Rebecca Fleming

(a) Residence, No. Farmington St. Cenozo Ward 3rd
(Usual place of abode)

(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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 (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mla.
78 10 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Remittance Office

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) 3/1/36 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana, Miss

13. NAME James Maud McClinton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Celesteth Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Chas. McClinton

18. BURIAL, CREMATION, OR REMOVAL PLACE Massie Cem. at Farmington Mo DATE Feb 18 1936

19. UNDERTAKER (ADDRESS) Farmington Ind. Co

20. FILED Feb 17 1936 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1936 to Feb 16 1936
I last saw her alive on Feb 16 1936 Death is said to have occurred on the date stated above, at 11:30 AM.
The principal cause of death and related causes of importance were as follows:

myocardial failure and embolism in part of the brain
Date of onset

Other contributory causes of importance: cholelithiasis, nephritis

Name of operation State of
What test confirmed diagnosis? 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? If so, specify L. J. M. Starfield M. D.

(Signed) L. J. M. Starfield M. D.
(Address) Farmington Mo

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, regarding
 the status of the land owned by the United States in the
 vicinity of the proposed project.

The land is situated in the County of _____, State of _____, and is
 more particularly described as follows:

1.

The land is situated in the County of _____, State of _____, and is
 more particularly described as follows:

The land is situated in the County of _____, State of _____, and is
 more particularly described as follows:

The land is situated in the County of _____, State of _____, and is
 more particularly described as follows:

The land is situated in the County of _____, State of _____, and is
 more particularly described as follows:

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois

Registration District No. 273

File No.

Township Farmington

Primary Registration District No. 4464

Registered No.

City Farmington (No. St. Ward)

2. FULL NAME

Sarah Rebecca Fleming

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 10 10

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:

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

myocardial infarction and embolism in the brain
Other contributory causes of importance: Chronic Nephritis
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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.

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

Manner of injury..... Nature of injury.....

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

24. Was disease or injury in any way related to occupation of deceased?.....

19. UNDERTAKER (ADDRESS)

If so, specify..... (Signed)....., M. D.

20. FILED apl 7 1936 W. J. Robinson Registrar.

(Address).....

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.

SUPPLEMENTARY

h147-5