

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

Do not use this space.

7414

APR 22 1927

1. PLACE OF DEATH

County Caldwell
Township Grant
City (No.)

Registration District No. 99
Primary Registration District No. 5146

File No.
Registered No. 3
St. Ward

2. FULL NAME

Elizabeth Flint

(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 (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 13-1845

| | | | | |
|--------|-----------|----------|----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, ____ hrs. or ____ min. |
| | <u>81</u> | <u>6</u> | <u>7</u> | |

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Caldwell Co. Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wm Kincaid

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

12. MAIDEN NAME OF MOTHER Sallie Glenn

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

14. INFORMANT (Address) Mrs J. W. Tinsley

15. FILED 3-28-27 1927 O. B. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 20 1927

17. I HEREBY CERTIFY, That I attended deceased from 14 1926, to March 20, 1927. That I last saw him alive on March 20, 1927, and that death occurred, on the date stated above, at 7:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

118 Acute Pyelonephritis
118 (duration) yrs. 2 mos. 16 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 14 ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? none

WHAT TEST CONFIRMED DIAGNOSIS Labatory & Clinical

(Signed) Chas. J. ... M. D.
, 19 (Address) Polo 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 Cougill Mo DATE OF BURIAL Mar 22 1927

20. UNDERTAKER Alsbaugh & Bouley ADDRESS Polo

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.

