

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

Do not use this space.

8754

APR 26 1927

1. PLACE OF DEATH

County Linn
Township London
City London (No. _____) (St. _____ Ward)

Registration District No. 467
Primary Registration District No. 4280

File No. _____
Registered No. 46

2. FULL NAME

James Franklin Flowers

(a) Residence No. 213 W. 1st St. St. 3 Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 18 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 | 3 | 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Misses 82A
(b) General nature of industry, business, or establishment in which employed (or employer) 97
(c) Name of employer

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Will Flowers
(Address) Quinton St

15. FILED 3/31 27 REGISTRAR James W. [unclear]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 30 1927

17. I HEREBY CERTIFY, That I attended deceased from March 26 1927, to March 30 1927 that I last saw him alive on March 30 1927, and that death occurred, on the date stated above, at 7:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage (apostery)
stroke occurred March 26
making the (duration) yrs. mos. 4 da.

CONTRIBUTORY (SECONDARY) arteriosclerosis
unknown (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Was contracted at place of death

DID AN OPERABLE CAUSE OF DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings only
(Signed) Barry Kemp, M. D.
, 19 (Address) Aurora Missouri

*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 Mable Park Cem. DATE OF BURIAL 3/31 1927

20. UNDERTAKER Young Wood Co ADDRESS Quinton St

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.

