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

Do not use this space.

17622

JUL 25 1927

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 664

City St. Joseph, (No. St. Joseph's Hospital, St. Ward)

2. FULL NAME Mary Flach,

(a) Residence. No. 2906 Sherman Avenue, St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 52 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 23rd. 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	6	2	

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

9. BIRTHPLACE (CITY OR TOWN) Binden,
(STATE OR COUNTRY) Germany,

PARENTS

10. NAME OF FATHER Casper Rosencutter,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,
12. MAIDEN NAME OF MOTHER Louise Mollmann,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,

14. INFORMANT Phillip Flach
(Address) 2906 Sherman Avenue.

15. FILED JUN 28 1927 19 John G. Wz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1927

17. I HEREBY CERTIFY, That I attended deceased from June 23, 1927, to June 25, 1927, that I last saw h. e. alive on 6/27, 1927, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: General peritonitis from obstructed bowel (in hernia scar of long duration) 1 yr. 0 mos. 5 ds.

CONTRIBUTORY (SECONDARY) 1 yr. 0 mos. 5 ds.

118 Cl

(duration) 1 yr. 23 P. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Joseph MO

DID AN OPERATION PRECEDE DEATH? yes DATE OF Jn 24/27 Enterostomy

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination

(Signed) F G Thompson, M. D

Jn 27, 1927 (Address) 825 Charles

*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	DATE OF BURIAL
Ashland Cemetery	June 28, 1927.
20. UNDERTAKER	**ADDRESS**
Heaton-BeGole Und Co	319 S. 10 St.

by F. H. Kaple

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.