

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

Do not use this space.

2955

1. PLACE OF DEATH

County..... Registration District No. 791 File No.
Township..... Primary Registration District No. 1003 Registered No. 542
City St Louis, Mo. (No. Mo Pac Hospital) St. Ward)

2. FULL NAME William Flynn

(a) Residence. No. St. 17 Ward. Omaha, Neb.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-30-1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>66</u>	<u>2</u>	<u>12</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Illinois

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

14. INFORMANT Catherine Flynn
(Address) 1918 Canyon Drive, Hollywood, Cal.

15. FILED 26 1928 Mr. B. Starceff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-15-1928

17. I HEREBY CERTIFY, That I attended deceased from 11-30, 1927, to 1-15, 1928 that I last saw him alive on Jan 15, 1928, and that death occurred, on the date stated above, at 1:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
936
92A
1670 (duration) 3 1/2 mos. da.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis (duration) 5 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Illinois
IF NOT AT PLACE OF BIRTH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? J. B. Greaves, M.D.
(Signed) 1-15, 1928 (Address) 1255 S. Grand

*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 Hollywood, Cal. DATE OF BURIAL 1-20-1928

20. UNDERTAKER Petty Bros 3027 Lafayette
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.

