

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

Do not use this space.

20143

1. PLACE OF DEATH

County Bedard
Township Benton
City (No.) St. Ward

Registration District No. 164
Primary Registration District No. 5229

File No. 50
Registered No.

2. FULL NAME

Buna M Flinn

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-20-1881

7. AGE YEARS MONTHS DAY IF LESS than 1 day, hrs. or min.
46 | 9 | 12

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) Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Daniel Swan

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

12. MAIDEN NAME OF MOTHER Sarah Long

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

14. INFORMANT J.W. Flinn
(Address) Edwards Springs Mo

15. FILED 7-9-28 1928 F. M. Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June-2-1928

17. I HEREBY CERTIFY, That I attended deceased from Mo. 1927, to April 30, 1928, that I last saw her alive on April 13, 1928, and that death occurred, on the date stated above, at 5:30 a m.

48 THE CAUSE OF DEATH* WAS AS FOLLOWS:

46 Carcinoma of uterus
with extension
46

CONTRIBUTORY (SECONDARY) 46 Charlaiment of liver
autotoxic (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 1927

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) Stanley L. Martin, M. D.

, 19 (Address) El Paso, Sp. 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 DATE OF BURIAL

City Cemetery 6/3 1928

20. UNDERTAKER

M.P. Gwin Edwards Springs Mo

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.

