

AUG 22 1928

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

Do not use this space.

23331

1. PLACE OF DEATH

County Clayton
Township Clatte
City (No. St. Ward)

Registration District No. 210
Primary Registration District No. 5290

File No. 4
Registered No. 7

2. FULL NAME

Mary Ann Flood

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

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 3 18 46

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 6 27

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Thomas Herbert

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

12. MAIDEN NAME OF MOTHER Lena Early

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

14. INFORMANT (Address) Mrs. Flood
Corrin Mo.

15. FILED Aug 9 1928 J. Stenberg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 25 1928, to June 30 1928, that I last saw him alive on June 30 1928, and that death occurred, on the date stated above, at 10.52 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
97
Several yrs. mos. da.

CONTRIBUTORY (SECONDARY) 910 yrs. mos. da.

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

0 Did an operation precede death? no DATE OF _____
Was there an autopsy? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. Franklin, M. D.
7-2, 19 28 (Address) Cameron 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 Clatteburg Mo. DATE OF BURIAL 7-3-1928

20. UNDERTAKER Paul Nelson ADDRESS Clatteburg 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.

