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

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 24001
Township Kaw — Primary Registration District No. — Registered No. 28
City Kansas City (No. St Marys Hospital St. Ward)

2. FULL NAME James William Flinn
(a) Residence. No. St., Ward. El Dorado Sprgs. Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 21, 1874

7. AGE 53 YEARS ~~54~~ | MONTHS 10 | DAYS 0 | If LESS than 1 day, ...hrs. or ....min.

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

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

PARENTS
10. NAME OF FATHER James E. Flinn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont know
(STATE OR COUNTRY) N. Carolina
12. MAIDEN NAME OF MOTHER Anna Hackney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mattoon
(STATE OR COUNTRY) Illinois

14. INFORMANT Frank Flinn
(Address) 6328 Chestnut St

15. FILED 7-22-28 M. M. Crowe
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1928

17. I HEREBY CERTIFY, That I attended deceased from July 18, 1928, to July 21, 1928, that I last saw him alive on July 21, 1928, and that death occurred, on the date stated above, at 3:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute perforation of ulcerated Carcinoma
46B 44 [illegible] (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Carcinoma of stomach
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
1 DID AN OPERATION PRECEDE DEATH? Yes. DATE OF July 18, 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) E. L. Miller, M. D
July 21, 1928 (Address) 800 Realto - K. C. 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: El Dorado Sprgs, Mo — DATE OF BURIAL: 7/23 1928

20. UNDERTAKER: Freeman Mortuary — ADDRESS: 104 West 42nd St.