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

Do not use this space. 28106

1. PLACE OF DEATH

County: Pemiscot — Registration District No.: 655 — File No.: 2

Township: Cooter — Primary Registration District No.: ~~6872~~ — Registered No.: 148

City: Steele (No. ..., ..., St. ..., Ward)

2. FULL NAME Lucille Thomas Flinn

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF F. H. Flinn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4 - 1874

7. AGE: Years 54 — Months — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

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) Henderson, (STATE OR COUNTRY) Tenn. Chester Co.

PARENTS
10. NAME OF FATHER: Thomas Crow
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dead
12. MAIDEN NAME OF MOTHER: "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): "

14. INFORMANT (Address): F. H. Flinn

15. FILED 9-8, 1928 A. Gunnison, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8 - 30 - 1928

17. I HEREBY CERTIFY, That I attended deceased from 8 - 30 -, 1928, to 8 - 30 -, 1928, that I last saw her alive on 8 - 26 - 1928, and that death occurred, on the date stated above, at 12:20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac failure (sudden)
Hypertension
10%
..... (duration) ..... yrs. ..... mos. X ds.

CONTRIBUTORY (SECONDARY) 96
..... (duration) ..... yrs. ..... mos. X ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X
DID AN OPERATION PRECEDE DEATH? no DATE OF X
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? X

(Signed) L. E. Cooper, M. D.
8-31-, 1928 (Address) Cooter, 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: Upper Cooter — DATE OF BURIAL: 9 - 1 1928

20. UNDERTAKER: German mud co. — ADDRESS: Steele 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.