

SEP 27 1928

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

Do not use this space.

28309

1. PLACE OF DEATH
 County St. Francois Registration District No. 773 File No. _____
 Township St. Francois Primary Registration District No. 6018A Registered No. 112
 City Farmington (No. _____) St. _____ (Ward _____)

2. FULL NAME Mrs Esther Ann Flavery
 (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 OF (OR) WIFE OF John D. Flavery

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____hra. or _____min.
75 | 6 | 21

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) Meigs Co, Ohio

10. NAME OF FATHER Daniel Wood

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

12. MAIDEN NAME OF MOTHER Olivia Jane Bassett

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

14. INFORMANT John D. Flavery
Resident Farmington Mo

15. FILED 8-4-28 T. J. Robinson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 3, 1928

17. I HEREBY CERTIFY That I attended deceased from July 15, 1928, to Aug 3, 1928 that I last saw him alive on Aug 1, 1928, and that death occurred, on the date stated above, at 10:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho - Pneumonia
10/9/11
10/21/00

(duration) _____ yrs. _____ mos. 7 da.

CONTRIBUTORY (SECONDARY) Smoking
 (duration) _____ yrs. _____ mos. _____ da.

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

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
8/4 (Signed) Dr. Kohrloch, M. D.
1928 (Address) Dear River 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 Dear Run Mo DATE OF BURIAL 8/5 1928

20. UNDERTAKER Needert Med Co ADDRESS Farmington 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.

