

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

Do not use this space.

41002

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Townshp. Kaw Primary Registration District No. 1007
 City Kansas City (No. St. Josephs' Hospital) St. Ward

File No.
 Registered No. 5411

2. FULL NAME Harry Flynn

(a) Residence. No. 5732 Troost St. 8 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-31-1929

17. I HEREBY CERTIFY, that I attended deceased from Deputy Coroner
, 19....., to....., 19.....
 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
12:15 P
1:45 P
2:15 P (duration) mos. ds.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 28 1897
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
32 1 3

CONTRIBUTORY (SECONDARY) Fell on street
(Acc) (duration) yrs. mos. ds.

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

18- WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

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

19 DID AN OPERATION PRECEDE DEATH? no DATE OF 141
 WAS THERE AN AUTOPSY? yes

10. NAME OF FATHER Thomas Flynn
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 12. MAIDEN NAME OF MOTHER Bridget Foley
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

WHAT TEST CONFIRMED DIAGNOSIS Autopsy
 (Signed) Stouty M. Hall M-D
17 / 31, 19 29 (Address) Deputy Coroner

14. INFORMANT P. J. Lavan
 (Address) 5732 Troost

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Marys' Cemetery DATE OF BURIAL 12/30 19

15. FILED 31, 19 29 M. M. Crowe REGISTRAR
Asst

20. UNDERTAKER Quirk & Tobin -- 20 J Linwood

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

