JUN 26 1930

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

Do not use this space.

16884

**1. PLACE OF DEATH**

County Nodaway — Registration District No. 624 — File No.

Township Hopkins — Primary Registration District No. 4375 — Registered No. 11

City Hopkins (No. ..... St. ..... Ward)

**2. FULL NAME** George W. Fluke

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

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| male | white | married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 30-1848

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | ~~81~~ 82 | ~~10~~ 1 | ~~24~~ 6 | |

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

9. BIRTHPLACE (CITY OR TOWN) Brownsville
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Jesse Fluke

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

12. MAIDEN NAME OF MOTHER Abigail Ash

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

14. INFORMANT Mrs. George McMasters
(Address) Bedford, Ia.

15. FILED 5/1 1930 O. H. Sayler REGISTRAR
6-7-30 C. P. Fryer MEC

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1930, to May 6, 1930 that I last saw him alive on May 5, 1930, and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis
Myocardial degeneration
131
130
137
several years (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertrophy of Prostate & Gen Senility several years (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? (Prostatic Punch)
2 1930
DID AN OPERATION PRECEDE DEATH? yes DATE OF Apr 14
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Cystoscopic + P.S.T.
(Signed) Richard B Bridgeman M. D
5/7, 1930 (Address) Hopkins 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 | DATE OF BURIAL |
|---|---|
| Hopkins cem-Hopkins, Mo. | May 7 1930 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| A. L. Stithem # 2658 A. L. Stithem | Bedford, Ia |

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.