

OCT 28 1930

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

Do not use this space.

## 1. PLACE OF DEATH

County Adair  
Township Wilson  
City                      (No.                     )

Registration District No. 3  
Primary Registration District No. 5004

File No. 25759  
Registered No.                       
St.                      Ward                     

## 2. FULL NAME

Jack Taylor Flinn  
(a) Residence No.                      St.                      Ward                       
(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

M

## 4. COLOR OR RACE

W

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Lula Flinn

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Dec 4 - 1875

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

548

## 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)

Self

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

Adair Co Mo

(STATE OR COUNTRY)

PARENTS

## 10. NAME OF FATHER

Jack Flinn

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Adair Co Mo

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

Mary C. Grecks

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Adair Co Mo

(STATE OR COUNTRY)

## 14.

INFORMANT  
(Address)Geo W. Williams

## 15.

FILED

151930McDuff

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4 1930

## 17.

I HEREBY CERTIFY, That I attended deceased from Aug 2, 1930, to Aug 4, 1930  
that I last saw ~~him~~ alive on Aug 4, 1930, and that  
death occurred, on the date stated above, at 4:30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage.82A102(duration) yrs. mos. 2 ds.CONTRIBUTORY  
(SECONDARY)Hypertension(duration) 2 yrs. mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

at place of deathDID AN OPERATION PRECEDE DEATH? no DATE OF                     WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? none

(Signed)

H. O. Newton

M. D.

6/6 1930 (Address)La Plata 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

La Plata Cemetery Aug 6 1930

## 20. UNDERTAKER

ADDRESS

D S Christie La Plata Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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