

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.

SEP 25 1930

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

Do not use this space.

27301

1. PLACE OF DEATH.

County Mason  
Township Mason  
City Kennett

Registration District No. 547  
Primary Registration District No. 3629  
(No. Leveing Hospital)

File No. \_\_\_\_\_  
Registered No. 218  
St. 6 Ward

2. FULL NAME.

(a) Residence. No. 608 Ely St. 7 Ward.

(Usual place of abode) Length of residence in city or town where death occurred 6 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 Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Iva Fluharty  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) \_\_\_\_\_  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 52

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Painter  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer E. B & O - R. R.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Ayre Iowa

10. NAME OF FATHER Bennett Fluharty  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
12. MAIDEN NAME OF MOTHER " "  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) " "

14. INFORMANT Forrest Fluharty (Address) Kennett Mo.

15. FILED Aug 21 1930 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 20 - 1930  
17. I HEREBY CERTIFY, That I attended deceased from Aug 20 1930 to Aug 20 1930 that I last saw him live on Aug 20, 1930 and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia (Traumatic)  
1869  
1940

CONTRIBUTORY (SECONDARY) Multiple fractures of bones  
Accidental fall while painting  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH Palmyra MO

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? examined  
(Signed) J. H. Hagedorn M. D.  
19 (Address) Kennett

\*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 Mount Ayre Iowa DATE OF BURIAL 8-22-1930

20. UNDERTAKER Schwartz Funeral Home ADDRESS Kennett

Mo

