DEC 22 1930

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

Do not use this space.

36015

File No.
Registered No. 348

1. PLACE OF DEATH
County Jackson
Township Blue
City Independence (No. , St. Ward)
Registration District No. 398
Primary Registration District No. 3019

2. FULL NAME Flavilla Felts.
(a) Residence. No. 1320 S. Pearl 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. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: White
5. ~~SINGLE~~, MARRIED, WIDOWED OR ~~DIVORCED~~ (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3 - 1842

7. AGE: YEARS 88 MONTHS 5 DAYS 12 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Winnebago Co.
(STATE OR COUNTRY) Ill.

PARENTS
10. NAME OF FATHER William Crowley.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Albans
(STATE OR COUNTRY) Vermont.
12. MAIDEN NAME OF MOTHER Eliza N. Campbell.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Albans.
(STATE OR COUNTRY) Vermont

14. INFORMANT Flora A. Preston
(Address) 1320 South Pearl St.

15. FILED 11-17, 1930 F.L. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/15 1930

17. I HEREBY CERTIFY, That I attended deceased from 1924, 19, to 1930, 19, that I last saw her alive on Nov. 14, 1930 and that death occurred, on the date stated above, at 3:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) H. G. Haworth M. D.
11/15, 1930 (Address) 7002 Prospect

*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: Oak Hill Cem. DATE OF BURIAL: Nov. 17 1930

20. UNDERTAKER: Culver's Undertaking Co. ADDRESS: Butler 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.

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

MARGIN RESERVED FOR BINDING

V. S. No. 2.