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.

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

Do not use this space.

39476

1. PLACE OF DEATH
County Jackson — Registration District No. [illegible] — File No. 39476
Township Kaw — Primary Registration District No. [illegible] — Registered No. 5048
City Kansas City Mo. (No. Wesley Hospital St. Ward)

2. FULL NAME F L I N T, Jesse Edwards
(a) Residence. No. 920 Ward Parkway St., 8 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 6 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 Pearl Rees Flint

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 2, 1879

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
51	11	13	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dubuque IOWA

PARENTS
10. NAME OF FATHER Frederick Louis Flint
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Lowell Mass.
12. MAIDEN NAME OF MOTHER Genefa Edwards
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pa

14. INFORMANT F. Rees Flint (son), (Address) Bartlesville, Okla.

15. FILED 12/16, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

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

17. I HEREBY CERTIFY, That I attended deceased from November 18, 1930, to December 15, 1930 that I last saw him alive on December 15, 1930, and that death occurred, on the date stated above, at 8.45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia - Streptococcus
131
903 (duration) November 18 to December 15 yrs. mos. ds.
16
CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis & Pericarditis (duration) November 18 to December 15 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory Tests
(Signed) Calvin A. Beard M. D.
12/15, 1930 (Address) 532 Altman Bldg

*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
MINNEAPOLIS, KANSAS	12/18 1930
20. UNDERTAKER Mellody McGilley Funeral Home.	ADDRESS K.C.Mo.