

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

Do not use this space.

982

FEB 18 1931

1. PLACE OF DEATH  
 County Green Registration District No. 3 18  
 Township Wampack Primary Registration District No. 3439  
 City Springfield of Greene Co. - Green St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME R. P. Flaggery  
 (a) Residence, No. \_\_\_\_\_ 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 45  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
about 74

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 1931  
 17. I HEREBY CERTIFY, That I attended deceased from Jan 12 1931 to Jan 15 1931  
 that I last saw h. l. a. l. alive on Jan 14 1931, and that death occurred, on the date stated above, at 2 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of neck  
5 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE COMMENCED IF NOT AT PLACE OF DEATH. Don't know

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

10. NAME OF FATHER unknown

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. B. Burt M. D.  
1-16, 1931 (Address) 737 E Elm Springfield

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

12. MAIDEN NAME OF MOTHER unknown

\*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.

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

14. INFORMANT A. G. Gartin  
 (Address) R. 2 Green

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood Home DATE OF BURIAL 1-16 1931

15. FILED 1-16 1931 Frank Sharp REGISTRAR

20. UNDERTAKER W. D. Press ADDRESS Lowell St. Springfield

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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