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.

21724

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 21724
Township Kaw — Primary Registration District No. 106 — Registered No. 2859
City Kansas City (No. 1600 Benton Blvd St. Ward)

2. FULL NAME Thomas M. Flynn
(a) Residence. No. 1600 Benton Blvd St. 11 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.

PERSONAL AND STATISTICAL PARTICULARS

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: Margaret E. Flynn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Not Known

7. AGE: Years 74 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

PARENTS
10. NAME OF FATHER: Michael Flynn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Jane Matthews
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Michael Flynn
(Address) 3760 Mercier

15. FILED 6/30, 1931 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 29 1931

17. I HEREBY CERTIFY, That I attended deceased from about 1931, 19.. to June 29, 1931 that I last saw him alive on June 29, 19.., and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

87A Cerebral Haemorrhage

99 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 82A
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Signs

(Signed) Jas. J. Flynn, M. D
, 19.. (Address) 3604 Benton Blvd.

*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: Calvary — DATE OF BURIAL: 7/1/31 19

20. UNDERTAKER: Quirk & Tobin — ADDRESS: 33 & Main