

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.

DEC 24 1931

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

Do not use this space.

36942

1. PLACE OF DEATH
 County Buchanan Registration District No. 35
 Township _____ Primary Registration District No. 105
 City St Joseph, Mo (No. Missouri Methodist Hos) St. _____ Ward _____

2. FULL NAME William Francis La Flam
 (a) Residence, No. 3305 Monterey Street 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. 1174
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia A. La Flam</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 7, 1875</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>5</u>
	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>C. B. & S.</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Missouri</u>		
MOTHER FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Julia A. La Flam</u> <u>St Joseph, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>November 23, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Boleman Funeral Home Inc.</u> <u>St Joseph, Missouri</u>		
20. FILED <u>11-23</u> 19 <u>31</u> <u>John L. Bender</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1931, to Nov 21, 1931
 I last saw h. alive on Nov 20, 1931. Death is said to have occurred on the date stated above, at 2:40 a.m.
 The principal cause of death and related causes of importance were as follows:
Perforated duodenal ulcer Nov 19, 31
117B
111A 1713
 Other contributory causes of importance:
Pulmonary Embolism Nov 20-31

Name of operation Dist. gastrectomy Date of Nov 30
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. F. Schum, M. D.
 (Address) St. Joseph, Mo.

