

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

Do not use this space.

1. PLACE OF DEATH

49 County Jasper Registration District No. 405
 1 Township Madison Primary Registration District No. 4239
 6 City Alba (No. _____) _____ St. _____ Ward _____

File No. 8847
 Registered No. 6

2. FULL NAME

Flora M. Entire
 (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 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 22, 1859</u>				
7. AGE	YEARS <u>72</u>	MONTHS <u>9</u>	DAYS <u>8</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>Home keeper</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carthage Missouri</u>			
	13. NAME <u>James M. Entire</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carrroll Co. Ohio</u>			
FATHER	15. MAIDEN NAME <u>Mary Louisa Laman</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson Co. Ohio</u>			
17. INFORMANT <u>Mrs. Garin Stith</u> (ADDRESS) <u>Alba, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Funeral Home</u> DATE <u>April 1, 1932</u>				
19. UNDERTAKER <u>Kneel Martens</u> (ADDRESS) <u>Carthage, Missouri</u>				
20. FILED <u>3-30-32</u> <u>Effie Green</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 20th, 1932, to March 29th, 1932
 I last saw her alive on March 29th, 1932 Death is said to have occurred on the date stated above, at 3 a. m.
 The principal cause of death and related causes of importance were as follows:
Influenza Date of onset 8-29
11A
112 11B
 Other contributory causes of importance:
Asthma
1
 Name of operation _____ Date of _____
 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) D. A. Carlyle, M. D.
 (Address) Alba, 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.

APR 27 1932

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

