

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

Do not use this space.

20022

1. PLACE OF DEATH

56 County DeWitt Registration District No. 477
1 Township Centerville Primary Registration District No. 4286
2 City Centerville, Mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. 82

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 8 20 0 0 min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1877-1897
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) 12-20-1897 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County, Mo

13. NAME Thomas Flink

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County, Mo

15. MAIDEN NAME Elizabeth Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT Mrs. Wm. M. Roberts Dau. (ADDRESS) Monticello, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ottawa Kansas DATE June 8, 1932

19. UNDERTAKER F. W. Kelly (ADDRESS) Centerville, Mo

20. FILED 6-8, 1932 H. W. Harris, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1932
22. I HEREBY CERTIFY That I attended deceased from May 20, 1932 to June 6, 1932
I last saw him alive on June 6, 1932. Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 6-6-32
132 D
Other contributory causes of importance: Prostatic hypertrophy, pyelonephritis & ureteropelvic

Name of operation None Date of _____
What test confirmed diagnosis? Phys. Exam 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) J. T. Wagoner, M. D.
(Address) Centerville, Mo

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.

JUN 25 1932

