

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.

091 28 1932

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

Do not use this space.

30099

1. PLACE OF DEATH
 86 County Putnam Registration District No. 7/6
 4 Township Primary Registration District No. 6430
 2 City Unionville (No.) St. Ward
 2 FULL NAME Eliza Pemberton Flanagan
 (a) Residence, No. 1390 Jefferson 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A.C. Flanagan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11, 1875
 7. AGE YEARS 57 MONTHS 7 DAYS — If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 3/4
 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) Missouri
 FATHER 13. NAME Nathaniel Hall
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 MOTHER 15. MAIDEN NAME Sarah Virginia Christy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 17. INFORMANT A.C. Flanagan (ADDRESS) Unionville, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Uniontown, Mo. DATE Sept 4, 1932
 19. UNDERTAKER A.C. Husted (ADDRESS) Unionville, Mo.
 20. FILED Sept 7, 1932 J.H. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1932 to Sept 1, 1932
 I last saw him alive on Sept 1, 1932 Death is said to have occurred on the date stated above, at 12:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Cardio-Renal Disease Date of onset 95B
1200 95B 1
 Other contributory causes of importance:
Route arterio-sclerosis 1932
 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) J.H. Johnson M. D.
 (Address) Unionville, Mo.

