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.

34952

File No.

Registered No. 225

Registration District No. 104

Primary Registration District No. 3008

1. PLACE OF DEATH

County Callaway,

Township

City Fulton, Mo, (No. , St. Ward)

2. FULL NAME Ralph Flint,

(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): Single (Child)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep't, 12-1918

7. AGE: Years 14 Months 1 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student, 121E

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student,

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) Mo, 1

FATHER

13. NAME Ralph Flint,

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

MOTHER

15. MAIDEN NAME Plyhis Premer,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo,

17. INFORMANT (ADDRESS) Ralph Flint,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Harrison Co. Mo. DATE DK. 19

19. UNDERTAKER (ADDRESS) Herndon Taylor, Fulton, Mo.

20. FILED Nov 22 1932 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/21 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/16/32 1932 11/21/32 1932.

I last saw him alive on 11/21/32 1932 3.30. P.M. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Appendicitis, chr. adhered to cecum, bladder, ilium, and abdomnal wall, result of adhesions existing for several years followed by operation, shock.

Date of onset

Other contributory causes of importance:

Name of operation Appendectomy, drain. Date of

What test confirmed diagnosis? Opr. 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) Greene D. McCall, M. D.

(Address) Fulton Mo.