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.

JAN 5 1933

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

Do not use this space. 38115

Yates

File No. 2432

Registered No.

1. PLACE OF DEATH
108 County Vernon — Registration District No. 175
2 Township — Primary Registration District No. 3539
7 City ~~Horton~~ Nevada, Mo. W. Allison St. Ward)

2. FULL NAME Maryl Elizabeth Flagor

(a) Residence, No. Vernon Co Mo 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. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
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 Ruben Flagor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-20-1909

7. AGE: Years 23 | Months 9 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, saw-mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) Nov 28 1932
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Horton, Missouri

FATHER
13. NAME Fred Weis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis, Missouri

MOTHER
15. MAIDEN NAME Elizabeth Bockhorst
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Famous, Missouri

17. INFORMANT (ADDRESS) Ruben Flagor Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ballston Cemet DATE 11/25 1932

19. UNDERTAKER (ADDRESS) Feny Funeral Home Nevada Mo

20. FILED 12-5 1932 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/22 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1932 to Nov 21 1932
I last saw h... alive on Nov 21 1932 Death is said to have occurred on the date stated above, at 2:15 a m.
The principal cause of death and related causes of importance were as follows:

Bilateral Pneumonia
Bad lungs

Date of onset
R
R

Other contributory causes of importance: Uremia

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. M. Yates, M. D.
(Address) Nevada Mo