

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

Do not use this space.

2243

**1. PLACE OF DEATH**

58 County Iron Registration District No. 582  
6 Township \_\_\_\_\_ Primary Registration District No. 4305  
4 City Marselvie (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

Mrs Annie Flynn  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 -7 Chas. Flynn  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 1882  
7. AGE YEARS 76 MONTHS 5 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) New Castle (STATE OR COUNTRY) England  
13. NAME Gas Cannon  
14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) \_\_\_\_\_  
15. MAIDEN NAME Nancy Niclaud  
16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) \_\_\_\_\_  
17. INFORMANT Frank Flynn (ADDRESS) Marselvie Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Kelliard DATE Jan 16 1933  
19. UNDERTAKER Gas M Doughlan (ADDRESS) Marselvie Mo  
20. FILED Jan 16 1933 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1933  
22. I HEREBY CERTIFY That I attended deceased from Feb 1 1932 to Jan 14 1932.  
I last saw her alive on Jan 13 1933. Death is said to have occurred on the date stated above, at 9:45 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cancer breast Date of onset 1932  
50  
50  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation Amputation breast Date of 1932  
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) [Signature] M. D.  
(Address) Marselvie 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.

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