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.

13202

399

1. PLACE OF DEATH
County Jackson — Registration District No. 1007 — File No. 1523
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME Mrs. Frances Flinn
(a) Residence, No. 3328 Wayne Avenue 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: 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: Samuel Flinn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 6, 1867

7. AGE: YEARS 65 — MONTHS 6 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

FATHER
13. NAME: Peter Burkhalter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER
15. MAIDEN NAME: Elizabeth Fisher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mildred Eleanor Flinn, 3328 Wayne Avenue

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: White Cloud, Kansas DATE: April 4, 1933

19. UNDERTAKER (ADDRESS): Sline & McClure, 3236 Gillham Plaza

20. FILED: Apr 3, 1933 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1933, to Apr 2, 1933
I last saw her alive on Apr 2, 1933. Death is said to have occurred on the date stated above, at P. m. 9:22
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis following perforating diverticulitis	
46D	
1-3C	
129	

Other contributory causes of importance:
Carcinoma of recto-sigmoid —

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) E. L. Miller, M. D.
(Address) 1022 Professional

Dr E. Lee [illegible]
Professional Bldg.
Ha 4525