

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.

13431

1. PLACE OF DEATH **Jackson**

County **Jackson**

399

Registration District No. _____

Township **Kaw**

Primary Registration District No. **1001**

City **Kansas City, Mo.**

(No. **5701 Swope Parkway**)

File No. _____

Registered No. **1767**

St. _____ Ward _____

2. FULL NAME **Samuil A. Flacy**

(a) Residence, No. **5701 Swope Ward Parkway** Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **72** 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) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lucy A. Flacy**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 7, 1861**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72		3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Landscape Gardener**

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) **Kansas City**
(STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Albert Flacy**

14. BIRTHPLACE (CITY OR TOWN) **Belgium**
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Rose Lee Pardermand**

16. BIRTHPLACE (CITY OR TOWN) **Belgium**
(STATE OR COUNTRY)

17. INFORMANT **Mrs Lucy Flacy**
(ADDRESS) **5701 Swope Parkway**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt Moriah** DATE **April 22, 33**

19. UNDERTAKER **Wagner Funeral Home**
(ADDRESS) **204 W. Linwood**

20. FILED **4-21, 1933** **M. M. Crowe**
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 20, 33, 19**

22. I HEREBY CERTIFY, That I attended deceased from **4/10** 19**33**, to **4/20** 19**33**

I last saw him alive on **4/20** 19**33**. Death is said to have occurred on the date stated above, **9:15 P.M.**

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

92A
93C
111B
Adema lung
930

Date of onset _____

Other contributory causes of importance:
Myocardial (chronic) with acute myocardium

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 **U. A. McElvain**, M. D.
(Signed) _____
(Address) **1410 Bryant Bldg.**

