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.

SEP 26 1933

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

Do not use this space.

28607

1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No.
Township Center — Primary Registration District No. 3039 — Registered No. 179
City Nevada (No. , St. Ward)

2. FULL NAME William Henry Flagor.
(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 M
4. COLOR OR RACE N
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cynthia Flagor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6. 1852
7. AGE 81 YEARS MONTHS 4 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Pappins Hill Ohio

FATHER
13. NAME James Flagor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know Ohio

MOTHER
15. MAIDEN NAME Dont Know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know Ohio

17. INFORMANT (ADDRESS) Ruben Flagor Nevada Mo
18. BURIAL, CREMATION, OR REMOVAL Bell Town Cemet DATE 8-16 1933
19. UNDERTAKER (ADDRESS) Feny Funeral Home Nevada Mo.
20. FILED 9-4- 1933 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12- 1933
22. I HEREBY CERTIFY, That I attended deceased from 8-1- 32, 1933, to 8-12- 1933
I last saw him alive on 8-14, 1933. Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:
Valvular disease of heart — Date of onset Do not know
92 A
Other contributory causes of importance:
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? No
If so, specify
(Signed) J. T. Horuback, M. D.
(Address) Nevada Mo