

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

Do not use this space.

40101

1. PLACE OF DEATH

County JACKSON
Township KAW
City KANSAS CITY (No. 3711-EAST-68TH)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 4906
St. _____ Ward _____

2. FULL NAME JAMES E. FLINN

(a) Residence, No. 3711-EAST-68TH St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MRS. EMMA FLINN</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MARCH-16-1854</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>8</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>LABORER</u>	
	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

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER-15-1933
22. I HEREBY CERTIFY, That I attended deceased from 12-12, 1933, to 12-15, 1933
I last saw him alive on 12-14, 1933. Death is said to have occurred on the date stated above, at 8:55A am.

The principal cause of death and related causes of importance were as follows:
Myocarditis, Chronic Date of onset 1932
131
93c
Other contributory causes of importance:
Chronic hepatitis

FATHER	12. BIRTHPLACE (CITY OR TOWN) <u>CARROLTON</u> (STATE OR COUNTRY) <u>NORTH CAROLINA</u>
	13. NAME <u>JOHN FLINN</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) <u>CARROLTON</u> (STATE OR COUNTRY) <u>NORTH CAROLINA</u>
	15. MAIDEN NAME <u>UNKNOWN</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>UNKNOWN</u> (STATE OR COUNTRY)
	17. INFORMANT <u>MR FRANK A. FLINN</u> (ADDRESS) <u>6328 CHESTNUT AVE.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MT MORIAH</u> DATE <u>DEC-18 1933</u>
	19. UNDERTAKER <u>DW. NEWCOMER'S SONS</u> (ADDRESS) <u>2111-EAST-9TH ST.</u>
	20. FILED <u>Dec 15 1933</u> <u>M. M. Crowe</u> Regist. Registrar.

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) Hubert M. Carver, M. D.
(Address) 716 Ogden

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 26 1934

736. Argyle Bldg.

2:30 - 5:30