

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

Do not use this space.

895

780

JAN 20 1934

**1. PLACE OF DEATH**

County Harrison  
Township Bethany  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 334  
Primary Registration District No. 5465

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Andrew Jackson Flint

(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 33 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Ruth Flint

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
72 1 26

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

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) Geo. W. Flint  
(STATE OR COUNTRY) Harrison Co. Mo.

13. NAME Geo. W. Flint

14. BIRTHPLACE (CITY OR TOWN) Ind.  
(STATE OR COUNTRY)

15. MAIDEN NAME Sarah Noah

16. BIRTHPLACE (CITY OR TOWN) Ky.  
(STATE OR COUNTRY)

17. INFORMANT Mrs. A. J. Flint  
(ADDRESS) Bethany, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch Cemetery DATE Jan. 3 1934

19. UNDERTAKER Frank J. Cannon  
(ADDRESS) Bethany, Mo.

20. FILED 1/10 1934 W. J. Haines  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1, 1934

I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933, to Jan 1, 1934

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ Death is said

to have occurred on the date stated above, at 8:30 A M

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

arteriosclerosis Date of onset \_\_\_\_\_

Other contributory causes of importance:  
91

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) P. L. Wersling M. D.  
(Address) Bethany Mo

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.

