CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County: Christian — Registration District No.: 183 — File No.: 12224
Township: Porter — Primary Registration District No.: 4109 — Registered No.: 19
City: Nixa (No. ..... St. ..... Ward)

2. FULL NAME: Richard Lee Flood

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 24. 1933

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
		4	19 ~~20~~	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY): Christian Co. Mo.

PARENTS
10. NAME OF FATHER: Lawrence Flood
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Verna Keltner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Missouri

14. INFORMANT: R.C. Harding
(Address): Nixa Mo

15. FILED: May 10, 1934 — Ida B. Hawkins, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 12 - 1934

17. I HEREBY CERTIFY, That I attended deceased from 4/8, 1934, to 4/12, 1934, that I last saw h[illegible] alive on Apr 12, 1934, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumococcic Meningitis

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Bronchopneumonia
(duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1070
DID AN OPERATION PRECEDE DEATH? No — DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical and Laboratory
(Signed) W. B. Nissan, M.D.
3/13, 1934 (Address) Nixa Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Richwood cemetry	April 13 1934
20. UNDERTAKER	**ADDRESS**
T. W. Maples	Clever, Mo.