MAY 25 1934

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

Do not use this space.

13911

1. PLACE OF DEATH
County Ralls
Registration District No. 725
Township
Primary Registration District No. 4431
City Center (No. x , x St. Ward)

File No.
Registered No.

2. FULL NAME James Richard Flowerree
(a) Residence, No. Center, Mo 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
86	1	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) (STATE OR COUNTRY) x Marion Co, Missouri

FATHER
13. NAME French Flowerree
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data Virginia

MOTHER
15. MAIDEN NAME Mary Elizabeth Niel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data Virginia

17. INFORMANT (ADDRESS) Miss Nora Kiethley (Niece Center, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Olivet, Center Mo DATE April 13, 1934

19. UNDERTAKER (ADDRESS) Wm M. Smith 902 Bdwy, Hannibal, Mo

20. FILED Apr 12, 1934 J. T. Howard Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1933, to Apr. 12, 1934
I last saw him alive on Apr. 12, 1934. Death is said to have occurred on the date stated above, at 9:55a.m.
The principal cause of death and related causes of importance were as follows:

Prostatitis
137
135B
137

Date of onset 2 or 3 yrs. ago

Other contributory causes of importance:
Cystitis

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) W. F. Botts, M. D.
(Address) Center, 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.

— Botts