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

Do not use this space.

File No. 23255

Registered No. 761

1. PLACE OF DEATH

County: Buchanan

Registration District No.: 85

Primary Registration District No.: 1001

Township:

City: St.Joseph, (No. St.Joseph's Hospital St. Ward)

2. FULL NAME James William Flint

(a) Residence, No. St., Ward. Wathena, Kansas
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alice B.Flint

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb, 25, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	81	4	~~10~~ 9	

OCCUPATION

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

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): Unknown

11. Total time (years) spent in this occupation: Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wathena, Kansas

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Mrs.AliceB.Flint Wathena, Kansas

18. BURIAL, CREMATION, OR REMOVAL. PLACE: Belmont Cemetery DATE: July, 6, 1934

19. UNDERTAKER (ADDRESS): Walter Meierhofer 1502 Faraon St. St. Joseph Mo.

20. FILED 7-7-1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July, 4, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-29-, 1934, to 7-5-, 1934

I last saw him alive on 7-5-, 1934 Death is said to have occurred on the date stated above, at 4.00 P.M.

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

	Date of onset
6-29-34- Cerebral hemorrhage.	
BP 100	

Other contributory causes of importance: Hypertension

Name of operation: None Date of:

What test confirmed diagnosis? Clinical 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) Paul Jorgens, M. D.

(Address) Tootle Bldg., St. Joseph, 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.

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

AUG 14 1934