OCT 25 193

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

Do not use this space.

1. PLACE OF DEATH
County Carroll — Registration District No. 133 — File No. 32179
Township ~~Vanhorn,~~ — Primary Registration District No. 4074 — Registered No. 16
City Bogard, (No. ..... St. ..... Ward)

2. FULL NAME Mary Anna Flick,
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jim Flick,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1861
7. AGE YEARS 73 MONTHS 2 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper,
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) Jacksonberg, Ind.

FATHER
13. NAME Engelbert Scheible.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Seeburg,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany,

17. INFORMANT (ADDRESS) Harry Flick, Bogard, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Providence, DATE 9/28/34 19
19. UNDERTAKER (ADDRESS) Clifford W. Austin, Tina, Mo.
20. FILED 9-26 1934 Jane Henderson Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1934
22. I HEREBY CERTIFY, That I attended deceased from Sep. 23, 1934 to Sep. 24, 1934
I last saw her alive on Sep. 24, 1934 Death is said to have occurred on the date stated above, at 9:30 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	9/20-34

Other contributory causes of importance:

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) J. M. Wooden, M. D.
(Address) Bogard, Mo.

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

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.

#2

Carroll

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mary Anna Fleck

Who died at _____ on Sept 24 - 1934

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W ~~Single~~, ~~married~~, widowed or ~~divorced~~: _____

Date of birth _____ Age: Years 73 Months 2 Days 4

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: acute peritonitis following Appendicitis

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician J. M. Woodson

Address of physician Bogard Mo

Signature of Registrar Jamie Henderson Date filed 9-26-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh

State Registrar

Reg. Dist. No. 133

Primary Reg. Dist. No. 4074

Special Agent.

S-32179