

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.

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

Do not use this space.

NOV 21 1934

38317

1. PLACE OF DEATH

County Vermon
Township
City Schell City (No. _____)

Registration District No. 877
Primary Registration District No. 4530

File No. _____
Registered No. 16
St. _____ Ward _____

2. FULL NAME

James Thomas 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 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 Mary E Flint

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27 - 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 5 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) (STATE OR COUNTRY) Stacy, Ky.

13. NAME James Flint

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

15. MAIDEN NAME Young

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

17. INFORMANT (ADDRESS) Ed Flint
Harwood mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cemetery DATE Oct. 13, 1934

19. UNDERTAKER (ADDRESS) Lute Lewis & Son
Schell City mo.

20. FILED Oct 13, 1934 Pearl Peters
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1934 to Oct 11, 1934

I last saw him alive on Oct 11, 1934. Death is said to have occurred on the date stated above, at 9:35 m.

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

Cerebral in Brain Date of onset 1-27-34

J. J. R. J.

Other contributory causes of importance: Cerebral in Brain 10-11-34

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) J. J. R. J., M. D.
(Address) Schell City mo

