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.

FEB 19 1935

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

Do not use this space.

1166

File No.

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township — Primary Registration District No. 1602

City Kansas City (No. 1835 Benton Blvd. St. Ward)

2. FULL NAME Mrs. Nancy A. Flynn

(a) Residence, No. 1835 Benton Blvd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 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)
Fe.	Wh.	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6th. 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
62	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Missouri

FATHER

13. NAME Geo. Skinner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

MOTHER

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT W. J. Flynn (ADDRESS) 1835 Benton

18. BURIAL, CREMATION, OR REMOVAL

PLACE Nevada Mo. DATE 1/5/35, 19

19. UNDERTAKER W. F. Mayberry (ADDRESS) City

20. FILED Jan 4, 19 35 M. M. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3rd., 19 35

22. I HEREBY CERTIFY, That I attended deceased from May, 1927, to Jan 3, 1935

I last saw her alive on Jan 2, 1935 Death is said to have occurred on the date stated above, at 12 0 AM.

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

	Date of onset
Cerebral Hemorrhage	Jan 31 1934

Other contributory causes of importance: Diabetes and Chronic Nephritis and Hypertension

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?

If so, specify

(Signed) Walter L. Hoot, M. D.

(Address) 510 Professional Bldg

Jackson
Mo
Kansas City 1035 Benton Blvd.

Mrs. Nancy A. Plymm
1035 Benton Blvd.
25

Jan. 2nd. 25

Po. Wh. Married

Walter J. Plymm
Apr. 6th. 1072 120 M.

62 8 27

At Home

Discovery

Geo. Skinner

No Data

No Data

No Data

J. Plymm
1035 Benton

Nevada Mo. 1/5/35

P. Mayberry
City

Prob. [illegible]
No 0550