

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

Do not use this space.

MAR 20 1935

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1656

1. PLACE OF DEATH

County Jackson
 Township Kaw
 City Kansas City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St. 008 Ward

2. FULL NAME

Wm Flynn
 (a) Residence, No. 558 Mark St., Ward.

(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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 60

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

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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT J. F. O'Donnell Co
 (ADDRESS) 10 E. Main

18. BURIAL, CREMATION, OR REMOVAL PLACE Storal Hills DATE Feb 8 1935

19. UNDERTAKER J. F. O'Donnell Co
 (ADDRESS) 10 E. Main

20. FILED 7/8 1935 M. M. Crowant
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/2/35 19.....

22. I HEREBY CERTIFY that the patient deceased from Syphilis to, 19.....

I last saw him on 19..... Death is said to have occurred on the date stated above at m.

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

Chronic Syphilis
Chronic Bronchitis
Myocarditis

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis Was there an autopsy? yes

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 Stroke

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....

(Signed) [Signature], M. D.

(Address) [Address]

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.

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