JUL 2 2 1935

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

Do not use this space.

19692

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 2330

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 1309 East 49th St. St. Ward)

2. FULL NAME Mae Flynn

(a) Residence, No. 1309 East 49th St. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward F. Flynn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1, 1889

7. AGE: YEARS 46 — MONTHS — DAYS 85 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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): Minnesota

FATHER

13. NAME: M.F. Carroll
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Minnesota

MOTHER

15. MAIDEN NAME: Mary Fitzgerald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Husband 1309 E. 49th. ST.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Removal St. Paul DATE Minn. 6-7-35

19. UNDERTAKER (ADDRESS): Mellody-McGilley Kansas City, Mo.

20. FILED 6-7-, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1933, to June 6, 1935

I last saw her alive on June 6, 1935. Death is said to have occurred on the date stated above, at 3:59 a.m.

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

Carcinoma of Sigmoid — Date of onset

Other contributory causes of importance:

Name of operation Exploratory Date of 1933

What test confirmed diagnosis? None 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) Ernest W. Carrow, M. D.

(Address) 6512 Broad St. Paul Minn.

Nature sig. no

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.