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.

JUL 2 2 1935

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

Do not use this space.

19754

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 2295

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

City Kansas City (No. 2843 Troost Ave, St. Ward)

2. FULL NAME Edward Flynn

(a) Residence, No. 1619 Baltimore Ave, St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5, 1861

7. AGE — YEARS: 74 — MONTHS: 5 — DAYS: 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith
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) Bloomington Illinois

FATHER

13. NAME Morris Flynn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Joana Foley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. Mary Barniville Chicago, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomington, Ill. DATE 6-11-35, 19

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel 104 West 42nd Street

20. FILED 6/11, 1935 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June ~~8~~ 8th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1934, to June 8, 1935

I last saw h..... alive on Jan 8, 1935 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:

Myocarditis, Chronic — Date of onset

93C

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? usual 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?

If so, specify

(Signed) K P Jones, M. D.

(Address) 309 East 10

Dr. K. P. Jones
421 W. 34 Terrace
We 9898

Office hours
3 - 5 P.M.
309 East 10th St