

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.

33409

NOV 25 1935

1. PLACE OF DEATH
 County Moniteau Registration District No. 6-75-
 Township Millersfork Primary Registration District No. 4339
 City Dipton St. _____ Ward _____

2. FULL NAME Mary Flood
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 10-1858</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>5</u>
		DAY
		<u>7</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	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)	<u>Webster Groves Mo.</u>	
FATHER	13. NAME <u>Patrick Flood</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>county bork Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Katharine Crowley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>county bork Ireland</u>	
17. INFORMANT <u>Patrick Flood</u> (ADDRESS) <u>Dipton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic cemetery</u> DATE <u>10/19</u> 19 <u>35</u>		
19. UNDERTAKER <u>Louis G. Imhoff</u> (ADDRESS) <u>Dipton Mo.</u>		
20. FILED <u>Oct. 18</u> 19 <u>35</u> <u>Mrs Sarah Frye</u> , Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/17 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1935 to Oct. 17 1935
 I last saw her alive on Oct. 17 1935. Death is said to have occurred on the date stated above, at 10 A.M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Bronch Date of onset _____

Other contributory causes of importance:
10 MA

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physal 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? no
 If so, specify _____
 (Signed) S. H. Redman, M. D.
 (Address) Dipton Mo.

