

DEC 26 1935

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

Do not use this space.

35974  
4189

## 1. PLACE OF DEATH

County Jackson Registration District No. ....  
Township Russ Primary Registration District No. ....  
City Spring City (No. 1028 Newton Ave.) St. .... Ward)

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME Simon Flanigan

(a) Residence, No. 1028 Newton St., ..... Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
77 - 4

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. Railroad man

10. Date deceased last worked at this occupation (month and year) 1-92-9 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Vermont  
(STATE OR COUNTRY)

13. NAME Martin Flanigan

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

15. MAIDEN NAME Sarah Cunningham

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

17. INFORMANT J. G. Flanigan  
(ADDRESS) 1028 Newton Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Marys DATE 11-27, 1935

19. UNDERTAKER Sheil Funeral Home  
(ADDRESS) 666 Endop Ave

20. FILED 11-2, 1935 M. M. Cron, Dist. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1935, to Nov. 1, 1935.

I last saw him alive on Oct 31, 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:

Inanition due to  
Carcinoma of Oesophagus

Date of onset

Other contributory causes of importance: 46

Name of operation none 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? No

If so, specify.....

(Signed) Paul A. S. Johnson, M. D.

(Address) 920 Newton

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

