

FEB 20 1936

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

Do not use this space.

1576

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. 812 Elmwood)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 430
St. _____ Ward _____

2. FULL NAME Nels Pearson Flensburg

(a) Residence, No. 812 Elmwood 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26-36 19

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1847

I last saw h. _____ alive on _____, 19____. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 88 0 27

to have occurred on the date stated above, at 1:40 AM
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant Tailor
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 _____

Date of onset 1-23-36

Cerebral Hemorrhage

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

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy? _____

MOTHER 13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Oscar Flensburg, (ADDRESS) 812 Elmwood, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE McPherson, Ks. DATE Jan. 29-36 19

19. UNDERTAKER C. H. Blackman & Son, Inc. (ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED 1/27 1936 B. M. Larson Registrar.

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) Harry E. Lynn, M. D.
(Address) 1103 Grand

CRUISE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

