

MO. S. NO. 2.

MAGNIN RESERVED FOR BINDING

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.

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

Do not use this space.

OCT 21 1936

34236

1. PLACE OF DEATH

County Grundy  
Township Trenton  
City Trenton (No. \_\_\_\_\_)

Registration District No. 328  
Primary Registration District No. 3017

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Isla Vesta Flara

(a) Residence, No. 706 E 8th St., \_\_\_\_\_ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? 1 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James B Flara</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-25-1905</u>		
7. AGE	YEARS <u>31</u>	MONTHS <u>2</u>
	DAYS <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>Housewife</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) <u>9-8-1936</u>	11. Total time (years) spent in this occupation <u>9 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Allerton Iowa</u>		
FATHER	13. NAME <u>John Harlocker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Allerton Wayne Co Iowa</u>	
MOTHER	15. MAIDEN NAME <u>Edith J. How</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dallas Iowa</u>	
17. INFORMANT (ADDRESS) <u>Mrs Edith Harlocker Seymour Ia 226 W. 1st St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Allerton Cemetery</u> DATE <u>9-30-1936</u>		
19. UNDERTAKER (ADDRESS) <u>James J. Sessler Mason Mo.</u>		
20. FILED <u>9-28</u> 19 <u>36</u> <u>Irene D. Fair</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27-1936

22. I HEREBY CERTIFY, That I attended deceased from 9-9-1936 to 9-27-1936

I last saw him alive on 9-27-1936 Death is said to have occurred on the date stated above, at 7<sup>29</sup> a.m.

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

Peritonitis

145a

Other contributory causes of importance:  
Pneumonia infection and intra-peritoneal hemorrhage

Name of operation Curetage and Pelvic drainage Date of 9-15-36

What test confirmed diagnosis? Clinical 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) Mrs A. Fuson, M. D.  
(Address) Trenton Mo.

Minor. Chase  
Allerton Ia