

MAGIN RESERVED FOR BINDING

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

V. 2 NO. 2  
20M-2-19-36  
I X2284

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.

OCT 1 1936

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

Do not use this space.

36496

1. PLACE OF DEATH  
 County Washington Registration District No. 887  
 Township Bretton Primary Registration District No. 6179  
 City Potosi (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Benjamin E Flynn

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/16/1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 6 19

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.

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) Potosi Mo

13. NAME John Flynn

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

15. MAIDEN NAME Martha Davidson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co

17. INFORMANT (ADDRESS) L. J. Flynn Potosi Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi Mo DATE 9/6 1936

19. UNDERTAKER (ADDRESS) J. B. Boyer & SON Potosi Mo

20. FILED Sept 6 1936 G. J. Maunale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/5 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-1 1936 to 9-5 1936  
 I last saw him alive on 9-4 1936 Death is said to have occurred on the date stated above, at 9:30AM D.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of liver, primary Date of onset \_\_\_\_\_

Other contributory causes of importance: NO

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_ 1936  
 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) Jose L. Florman M. D.  
 (Address) Potosi, Mo

