

AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248B
City Jefferson Barracks, Missouri Station Hosp. St. _____ (Ward)

File No. 28368
Registered No. 272

2. FULL NAME

Thomas J. Flynn

(a) Residence, No. Jefferson Bks. 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 Male 4. COLOR OR RACE White 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) February 6, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 4 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Army

10. Date deceased last worked at this occupation (month and year) June, 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
New Jersey

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Army Register
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, D.C. DATE July 6, 1937

19. UNDERTAKER C. Hoffmeister U. & L. Co.,
(ADDRESS) 814 S. B'way, St. Louis, Mo.

20. FILED July 5, 1937 J. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1937 to July 4, 1937

I last saw him alive on July 4, 1937 Death is said

to have occurred on the date stated above, at 2:05 A.M.

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

Carcinoma, colon, hepatic, flexure,
with general metastases.

Date of onset

Un-
known

Other contributory causes of importance:

Cardiac arrhythmia, auricular
fibrillation, probably due to
metastases in heart muscle.

7/3/37

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) J. P. Darnall
J. R. DARNALL, Major, MC, M. D.

(Address) Jefferson Barracks, MO.

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.

