

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County DeKalb  
Township Washington  
City (No. 2)

Registration District No. 261  
Primary Registration District No. 5360B

File No. 34092  
Registered No. 9 St. 9 Ward

2. FULL NAME James H. Flood

(a) Residence, No. 1 St. 1 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 - 1937

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 - 1863

I last saw him alive on 19 Death is said

7. AGE YEARS 74 MONTHS 7 DAYS 5 If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at 8<sup>30</sup> a.m.

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

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

Angina Pectoris  
Coroner called after death

Other contributory causes of importance:

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

13. NAME Awan Flood

Name of operation - Date of -

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

What test confirmed diagnosis? - Was there an autopsy? -

15. MAIDEN NAME Margaret Annie

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? - Date of injury -, 19-

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

Where did injury occur? - (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Mrs James H Flood  
Stonewall

Specify whether injury occurred in industry, in home, or in public place. at home

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolling DATE Sept 20 1937

Manner of injury -

19. UNDERTAKER (ADDRESS) F. G. Gentry  
Stonewall

Nature of injury -

20. FILED Sept 19 1937 L. E. Saunders Registrar.

24. Was disease or injury in any way related to occupation of deceased? -

If so, specify -

(Signed) M. S. Hale Coroner M. D.

(Address) Osborn Mo

DeKalb County

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

