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.

File No. 1676
Registered No. 364

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City, Mo. (No. 2532 Agnes St. Ward)

2. FULL NAME Mrs. Sadie Irene Flinn 450

(a) Residence, No. 2532 Agnes 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dyall Edward Flinn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1909

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
28	3	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Oklahoma City Oklahoma

FATHER
13. NAME John W. Pool
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER
15. MAIDEN NAME Minnie Batten
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT Mr. Dyall E. Flinn
(ADDRESS) 2532 Agnes

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Jan. 24 1938. 19

19. UNDERTAKER R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway

20. FILED Jan 24 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1938 to Jan 22, 1938
I last saw her alive on Jan 6, 1938. Death is said to have occurred on the date stated above, at 8:57 m. AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1935
23	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? X Ray. 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) R. V. Lindsey, M. D.
(Address) 1003 Grand

RECEIVED
FEB 19 1938
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MO. STATE BOARD OF HEALTH

Permit