

REC'D MAR 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Jasper
City Jasper (No. 5)

Registration District No. 411
Primary Registration District No. 2002

File No. 7071
Registered No. 450
Ward

2. FULL NAME

(a) Residence, No. Kate Flynn 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 *FE* 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 *Joseph Flynn*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *4-10-1861*

7. AGE YEARS *76* MONTHS *10* DAYS *7* If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
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) *Pennsylvania*

FATHER 13. NAME *Wm Sayers*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Penn.*

MOTHER 15. MAIDEN NAME *Sarah Burk*

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

17. INFORMANT (ADDRESS) *David Sayers*

18. BURIAL OR CREMATION PLACE (ADDRESS) *Forest Park* DATE *2-21-38*

19. UNDERTAKER (ADDRESS) *Joseph Lee*

20. FILED *2-21-1938* Registrar *Ed D James*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-17-38*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 14*, 1938, to *Feb 17*, 1938

I last saw h. & w. alive on *Feb 17*, 1938. Death is said to have occurred on the date stated above, at *11:30* a.m.

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

Cerebral hemorrhage
2nd

Other contributory causes of importance:

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 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?

If so, specify

(Signed) *W E Craig*, M. D.

(Address) *Joplin, Missouri*

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.

