

REC'D JUL 11 1939

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

Do not use this space.

22561

1. PLACE OF DEATH

59 County Lincoln  
Township Millwood  
City 1150 (No. ...., St. ...., Ward)

Registration District No. 490  
Primary Registration District No. 5657

File No. ....  
Registered No. 9

2. FULL NAME Larry R. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/10/1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
61 3 5

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.

13. NAME Ed Flynn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.

15. MAIDEN NAME Martha Mudd

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

17. INFORMANT Ella Flynn (ADDRESS) Silex, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Millwood, Mo. DATE 6/17/39 Burial

19. UNDERTAKER W. R. Vomund (ADDRESS) Silex, Mo.

20. FILED 6-16- 1939 O. H. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1939

22. I HEREBY CERTIFY That I attended deceased from January 5, 1939, to June 15, 1939  
last saw him alive on May 27, 1939. Death is said to have occurred on the date stated above, at 5:30 m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
Arteriosclerosis  
Date of onset .....

Name of operation None Date of .....

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) O. H. Dawson, M. D.  
(Address) Silex, 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.

