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

REC'D JUL 13 1939
JUL 13 1939

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

Do not use this space.

22798

1. PLACE OF DEATH

County New Madrid — Registration District No. 1133 — File No.

Township West — Primary Registration District No. 5799A — Registered No.

City Canalou (No. ..., ... St. ... Ward)

72

2. FULL NAME Maggie Flowers

(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: F
4. COLOR OR RACE: C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert Flowers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12/24/04

7. AGE: YEARS 34 — MONTHS 5 — DAYS 20 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): Mississippi

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Robert Flowers, Canalou Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston Mo. DATE 6/16/39, 19

19. UNDERTAKER (ADDRESS): Hunter Albritton, Sikston Mo.

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/14/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-6-39, 19..., to 6-14-39, 19...
I last saw her alive on 6/12-39, 19... Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Bronchitis
Acute Dilatation of the Heart

Date of onset: 10 days Pneumo

Other contributory causes of importance: 106W

Name of operation: Clinical — Date of ...
What test confirmed diagnosis? — 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?
If so, specify
(Signed) F. M. Kendig, M. D.
540 (Address) Sikeston Mo

RECEIVED
District Health Officer No. 2,
District File Number 239-23
Date Filed 2-11

39-6-14
04-12-24
34-5-30

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

22798
Do not use this space.

1. PLACE OF DEATH
(a) County New Madrid — Registration District No. 1133
(b) Township West — Primary Registration District No. 5799 B — Registered No. 14
(c) City ..... (d) Street No. ....., ... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maggie Flowers
(a) Residence, No. ..... St. [ ] .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Flowers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/24/04

7. AGE — Years 34 — Months 5 — Days 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as 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) Mississippi

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Robert Flowers
(ADDRESS) Caruthersville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston Mo. DATE 6/16 1939

19. FUNERAL DIRECTOR Charles E. Albritton
(ADDRESS) Sikeston Mo

20. FILED 8-4- 1939 Jas D. Kochel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/14 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-6 1939, to 6-14 1939, I last saw her alive on 6-12 1939. Death is said to have occurred on the date stated above, at 9 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	
Acute Dilatation of Stomach	10 day
	Previous

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) H. M. Kendrick, M. D.
(Address) Sikeston Mo

SUPPLEMENTAL

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.