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.

FILED AUG 7 1939

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

Do not use this space.

26464

1. PLACE OF DEATH
County Lemiscot
Township Little river
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 1099
Primary Registration District No. 5868

File No. .....
Registered No. .....

2. FULL NAME 450 William FLINN

(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 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/5-1913

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
26	2	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farm
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton farm
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lake View miss

FATHER
13. NAME Oren Flinn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walls miss

MOTHER
15. MAIDEN NAME Rosie M. Brooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sardis miss

17. INFORMANT (ADDRESS) Rosie M. Brooks Wardell, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Wardell, Mo DATE 7-14, 1939

19. UNDERTAKER (ADDRESS) Mrs T. J. Smith Hayti - Mo

20. FILED 8-1, 1939 B. L. Creasy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1[illegible], 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-12, 1939, to 7-10, 1939
I last saw him alive on 7-10, 1939. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Nephritis with severe edema as sequel to lobar pneumonia	Nov 1938

Other contributory causes of importance:

108

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) R. A. Bussabarger, M. D.
590 (Address) Wardell, Mo.

RECEIVED
District Health Officer No. 3,
District File Number 839-45
Date Filed 8/2/39