

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

1850 OCT 13 1939

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

Do not use this space.

1. PLACE OF DEATH *Clay* Registration District No. *700*
 County *Clay* File No. *32191*
 Township *Keasbey* Primary Registration District No. *5279B* Registered No. *10*
 City *Keasbey* (No. *R 7 47 No 1*) St. _____ Ward _____

2. FULL NAME *Minnie Flannery*
 (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 *3* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 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 *Robert H. Flannery*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 1 1876*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>63</i>	<i>7</i>	<i>14</i>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *housewife*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

22. I HEREBY CERTIFY, That I attended deceased from *Sept 13 1939* to *Sept 15 1939*
 I last saw her alive on *Sept 15 1939*. Death is said to have occurred on the date stated above, at *5:30 p.m.*
 The principal cause of death and related causes of importance were as follows:
Cholelithiasis possibly malignant Date of onset _____

Other contributory causes of importance: *127*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

FATHER

13. NAME *Thompson Crow*

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

MOTHER

15. MAIDEN NAME *Salle Creek*

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

17. INFORMANT *Robert H. Flannery*
 (ADDRESS) *Flannery Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Providence* DATE *Sept 17 1939*

19. UNDERTAKER *Curtiss*
 (ADDRESS) *Keasbey Mo*

20. FILED *9-17 1939* *Chas. Smith*
 Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? *Chylid* 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) *P. P. Ford* M. D.
 (Address) *Parisville Mo.*

RECEIVED
District Health Officer No. 8,
District File Number
10/14/39
Date Filed