

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

Do not use this space.

26022

1. PLACE OF DEATH
 43 County Henry Registration District No. 347
 4 Township Clinton Primary Registration District No. 3018
 7 City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME Lewis E. Flanagan
 (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.

File No. _____
 Registered No. 76 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Mary E. Flanagan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 1897

7. AGE YEARS 55 MONTHS 6 DAYS 21 If LESS than 1 day, hrs. _____ min. _____

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 207
 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) Illinois 2

FATHER
 13. NAME Ben Flanagan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER
 15. MAIDEN NAME Anna Arnot
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

17. INFORMANT Mrs. Mary Flanagan
 (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Clinton DATE 8-22 32

19. UNDERTAKER Spore + Son
 (ADDRESS) Clinton Mo

20. FILED 8/22 1932 E. C. Peeler
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/20 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1932 to Aug 20 1932
 I last saw him alive on Aug 2 1932. Death is said to have occurred on the date stated above, at 110 m.
 The principal cause of death and related causes of importance were as follows:
Bronchial asthma Date of onset Don't know
103 / 112
 Other contributory causes of importance: ①

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? No.
 If so, specify _____
 (Signed) J. P. Houghm _____, M. D.
 (Address) Clinton

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEP 23 1932

