

APR 30 1930

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

Do not use this space.

9489

78

1. PLACE OF DEATH

County MARION
Township MASON
City HANNIBAL

Registration District No. 547
Primary Registration District No. 3029
(No. LIVING HOSPITAL)

File No. 78
Registered No. 8 Ward

2. FULL NAME

CHARLES LEI FLOWERS

(a) Residence No. HANNIBAL, MO. St., Ward.

(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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-9-1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 7 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work FARMER
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ill.

10. NAME OF FATHER John FLOWERS
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER FANNIE FLOWERS
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT Mr. Henry Flowers
(Address) Center Ave

15. Dr. J. E. Cousins REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-29-1930

17. I HEREBY CERTIFY, That I attended deceased from 3-26-30, 1930, to 3-27, 1930, that I last saw him alive on 3-27-30, 1930, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary embolism
137
9489
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Prostatectomy 24
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 3-28-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Dr. J. E. Cousins M. D.
(Address) Hannibal Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL WRIGHT CEMETERY DATE OF BURIAL 3-31-1930

20. UNDERTAKER James O. Bannill ADDRESS Hannibal

CAUSE OF DEATH IN plain terms, so that it may be properly

ated by check marks, lacking from the death certificate:

Name: Charles Lee Flowers

Who died at: Hamibal, Mo. on Mar 29, 1930

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Coronary Embolism

Contributory: Prostatectomy
Adenoma of prostate

Where was disease contracted? _____

Did operation precede death? yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

Name of physician: Dr J W Harsedy

Address of physician: _____

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