

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

Do not use this space. 5

15016

APR 27 1931

1. PLACE OF DEATH

7¹ County Montgomery Registration District No. 6-89 File No. _____

3 Township Bear creek Primary Registration District No. 6787 Registered No. 6

1 City Jonestown, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Margaret Jane Flesner

(a) Residence No. _____ 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 F

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 1847

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
84	1	26.	

8. OCCUPATION OF DECEASED Housewife 935

(a) Trade, profession, or particular kind of work _____

(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) Montgomery Co Mo

10. NAME OF FATHER Wm. J. Skennes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Montgomery Co Mo

12. MAIDEN NAME OF MOTHER Melissa Robinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo

14. INFORMANT Wm Flesner (Address) Jonestown Mo

15. FILED Apr 25 1931 E. A. Ball REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 26 1931

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1931 to Apr 26, 1931 that I last saw h. alive on April 23, 1931, and that death occurred, on the date stated above, at about 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia Both Lungs

1931
4216
16 1/2 (duration) yrs. _____ mos. 8 ds.

CONTRIBUTORY (SECONDARY) Age 7 Exposure (duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Physician

(Signed) E. A. Ball, M. D.

Apr 25, 1931 (Address) Jonestown

*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 Jonestown Mo DATE OF BURIAL 4 25 1931

20. UNDERTAKER E. M. Flesner ADDRESS Jonestown Mo

