

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

Do not use this space.

1. PLACE OF DEATH *Bates*
 County *Osage* Registration District No. *53*
 Township *Osage* Primary Registration District No. *50/2*
 City (No.) St. Ward

2. FULL NAME *George Flexper Fur*
 (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.

27469

File No.
 Registered No. *31*
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>ma</i>	4. COLOR OR RACE <i>w</i>	5. SINGLE-MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>married</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>1864-1-8</i>				
7. AGE	YEARS <i>66</i>	MONTHS <i>6</i>	DAYS <i>9</i>	IF LESS than day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	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) <i>Green Valley Mo</i>				
FATHER	13. NAME <i>Walter Flexper Fur</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Green Valley Mo</i>			
MOTHER	15. MAIDEN NAME <i>Beate Knau</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Green Valley Mo</i>			
17. INFORMANT <i>George Flexper, Jr. Rich Hill Mo</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>German Cemetery</i> DATE <i>8-9</i> 19 <i>31</i>				
19. UNDERTAKER <i>H.C. Boushman Rich Hill</i>				
20. FILED <i>Aug 30 31</i> <i>Wm. J. Allen Registrar</i>				

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 6* 19*31*

I HEREBY CERTIFY, That I attended deceased from *May 26* 19*31* to *Aug 6* 19*31*
 I last saw him alive on *May 26* 19*31* at *9:00 P.M.* Death is said to have occurred on the date stated above, at *9:00 P.M.*
 The principal cause of death and related causes of importance were as follows:
Cancer of Stomach
Chronic appendicitis
46C
 Other contributory causes of importance:
46C

Name of operation *Lymphadenectomy* Date of operation *Aug 2*
 What test confirmed diagnosis? *Biopsy* 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?
 If so, specify _____
 (Signed) *Wm. J. Allen* M. D.
 (Address) *Rich Hill Mo*

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 21 1931** *67-6-28*

WRITE PLAINLY, WITH ONE WORD IN EACH SPACE

CAUTION: This material is classified as CONFIDENTIAL. It should be handled accordingly. Do not disseminate to unauthorized personnel.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Dates Registration District No. 53 File No.
 Township Osage Primary Registration District No. 5082 Registered No. 31
 City (No.) St. Ward)

2. FULL NAME George Fleysinker
 (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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m **4. COLOR OR RACE** w **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** m (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 8 - 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,
<u>67</u>	<u>6</u>	<u>28</u>	<u>28</u>	<u>hrs.</u> <u>min.</u>

8. OCCUPATION OF DECEASED
 (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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6 1931

17. I HEREBY CERTIFY, That I attended deceased from 19....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
 (duration)..... yrs. mos. ds.
 CONTRIBUTORY..... (SECONDARY)..... (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?.....
 (Signed)....., M. D.
 , 19 (Address)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT George Fleysinker
 (Address) Rt 2 Box 100 No. R. 71

15. FILED..... 19..... REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **DATE OF BURIAL** 19.....

20. UNDERTAKER **ADDRESS**

SUPPLEMENTARY

REGIST. I NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-27469