

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 4942 College St.)

Registration District No. 31
Primary Registration District No. 825

File No. 37627
Registered No. 4491
St. _____ Ward _____

2. FULL NAME

Lucy Grant Flinn

(a) Residence. No. 4942 College St. 114 Ward _____
(Usual place of abode)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 17, 1863

7. AGE	" YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>68</u>	<u>1</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home
(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) Ohio

10. NAME OF FATHER Aceal McNulty

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

12. MAIDEN NAME OF MOTHER Catherine

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT L. J. Flinn (Address) 5622 Charlotte

15. FILED 11/9 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 8 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 10 1931, to Nov 8 1931, that I last saw him alive on Nov 7 1931, and that death occurred, on the date stated above, at 4 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerotic nephritis
2 acute exacerbation in past 3 weeks
131 (duration) 5 yrs. 5 mos. 5 ds.

CONTRIBUTORY (SECONDARY) Cardiac decompensation
130 (duration) 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

1/9 1931 (Signature) Wm. E. Dudley, M. D. (Address) 620 S. W. Blvd.

*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

DATE OF BURIAL

St. Maria's Cemetery 11- 1931

20. UNDERTAKER

ADDRESS 3235

Stine & McCleere William
Olaga

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.

