

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.

FEB 21 1934

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

Do not use this space.

3628

1. PLACE OF DEATH

County Adair Registration District No. 804 File No. _____
 Township East River Polk Primary Registration District No. 6079 Registered No. _____
 City Richville (No. _____) St. _____ Ward _____

2. FULL NAME

Etta V. Flanagan
 (a) Residence, No. Richville Mo. R.F.D. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John W. Flanagan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-18-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 10. Data 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) Green Castle Missouri

13. NAME John Picken

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME Eliza Prober

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT J. W. Flanagan (ADDRESS) Richville Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green City Mo DATE 3-2- 1932

19. UNDERTAKER Dee Riley (ADDRESS) Richville Mo

20. FILED Feb 29 1932 Miss O. P. Farington Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28- 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1931, to Feb 28, 1932
 I last saw her alive on Feb 9, 1932 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Paralytic Dementia

Other contributory causes of importance _____

General nervous condition

Name of operation _____ Date of _____

What test confirmed diagnosis? D. 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? No

If so, specify _____

(Signed) W. F. Kennedy M. D.
 (Address) Richville Mo

