WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 25 1932

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

Do not use this space.

11660

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 337

City St Joseph (No. 810 south 23 street St. Ward)

2. FULL NAME John Tony Flowers

(a) Residence, No. 810 south 23 street St., Ward. (If nonresident, give city or town and State)
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1886

7. AGE: YEARS 45 — MONTHS 7 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
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) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Missouri

FATHER

13. NAME Albert Flowers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany 10

MOTHER

15. MAIDEN NAME Mary Bechewski
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Mrs Rose S Schumachre 810 south 23 street St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE April 8, 1932

19. UNDERTAKER (ADDRESS) H. O. Bidenfaden 1802 Union st St Joseph Mo.

20. FILED APR 9 1932 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1932

22. I HEREBY CERTIFY, That I ~~attended~~ viewed remains ~~deceased~~ from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.30 P m.

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

Suicide by Hanging at 810 So. 23d St.

165 165

Date of onset

Other contributory causes of importance: none (5)

Name of operation none Date of

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 4/6, 1932
Where did injury occur? St Joseph Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Hanging
Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) B. W. Tadlock Coroner, M. D.
(Address) 821 Frances