

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

Do not use this space.

30587

SEP 21 1936

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Springfield Mo

Primary Registration District No. 2091

City Springfield Mo

(No. Springfield Baptist Hosp)

File No. _____

Registered No. 704

St. _____ Ward _____

2. FULL NAME

Leon William Flint

(a) Residence, No. Wheatland, Mo St. _____ Ward _____

(Usual place of abode) Wheatland, Mo (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 M 4. COLOR OR RACE wh 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) Jan 2 - 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20 7 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Aug 6 - 1936 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rondo Mo

FATHER
13. NAME R. A. Flint

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clignet Mo

MOTHER
15. MAIDEN NAME Ana Drake

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co Kansas

17. INFORMANT (ADDRESS) R. A. Flint Wheatland, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheatland DATE Aug 18 - 1936

19. UNDERTAKER (ADDRESS) J. R. Lueker Wheatland Mo

20. FILED 8 - 16 1936 Dr. Chas A George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1936 to Aug 16 1936

I last saw him alive on Aug 15 1936. Death is said to have occurred on the date stated above, at 5:30 am.

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

Appendicitis, Acute (Date of onset Aug 6)

Other contributory causes of importance: Peritonitis

Name of operation appendectomy Date of Aug 15 - 36

What test confirmed diagnosis? Exam 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) J. L. Johnston, M. D.

(Address) Springfield, 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.

