

DEC'D OCT 18 1938

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

Do not use this space.

32680
204

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Livingston,
Township Monroe,
City _____ (No. _____)

Registration District No. 5-14
Primary Registration District No. Monroe-77

2. FULL NAME William Henry Flynn,

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male, 4. COLOR OR RACE White, 5. Widowed, OR Widowed,
(write the word)

5A. Widowed, OR Widowed, OR Widowed, OR Widowed,
HUSBAND OF Flynn,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar.-31st.-1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 5 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired,

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Kentucky,
(STATE OR COUNTRY)

13. NAME John Flynn,

14. BIRTHPLACE (CITY OR TOWN) Ireland,
(STATE OR COUNTRY)

15. MAIDEN NAME Mary O'Neal,

16. BIRTHPLACE (CITY OR TOWN) Ireland,
(STATE OR COUNTRY)

17. INFORMANT Henry Flynn,
(ADDRESS) Livingston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Collier Cemetery DATE Sept.-22-1938

19. UNDERTAKER E. P. Michael,
(ADDRESS) Brunswick, Mo.

20. FILED 7-26 1938 Geo. O'Hara
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

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

Headentrap
No. 1111
50 700 40 1/2
deceased died in the vicinity
of the lumber yard
and lumber yard

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? Retired

If so, specify _____
(Signed) Geo. O'Hara, M. D.
Geo. O'Hara
(Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important.

