

REC'D JUN 8 1939

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

Do not use this space.

19599

1. PLACE OF DEATH

County Ripley Registration District No. 750
Township Doniphan Primary Registration District No. 1985
City Doniphan (No. _____) St. _____ (Ward _____)

File No. 16
Registered No. 1600

2. FULL NAME

430 Lessie Flotaw
(a) Residence, No. R.F.D. Doniphan 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E.H. Flotaw (Deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 6 16

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bluffville Ill.

13. NAME John Schenks

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

15. MAIDEN NAME Mary (unknown)

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

17. INFORMANT Mary Flotaw Watson
(ADDRESS) Doniphan Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Caring Care DATE 6-1-1939

19. UNDERTAKER Black's Mortuary
(ADDRESS) Doniphan Mo.

20. FILED 6-1- 1939 E.P. Johnston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1939

22. I HEREBY CERTIFY, That I attended deceased from February 15 1939, to May 30 1939

I last saw h. alive on May 11 1939 Death is said to have occurred on the date stated above, at 9:15 P.M.

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

Cancer of Stomach with pyloric obstruction. Date of onset _____

Other contributory causes of importance: Inanition 46

Name of operation none Date of _____

What test confirmed diagnosis? X-Ray 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 _____

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 of injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) E.P. Johnston, M. D.

(Address) Doniphan 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.

