

530 JUL 14 1939

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

Do not use this space.

22526

1. PLACE OF DEATH  
 County Lawrence <sup>2</sup> Registration District No. 471  
 Township Pierce City <sup>1</sup> Primary Registration District No. 4284  
 City Pierce City (No. 453) St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 2. FULL NAME John Ferdinand Flanson  
 (a) Residence No. Washington Ave 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. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Flanson  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24 - 1969  
 7. AGE YEARS 69 MONTHS 9 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton Ill. <sup>1</sup>

FATHER  
 13. NAME William Flanson <sup>4</sup>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England <sup>9</sup>

MOTHER  
 15. MAIDEN NAME Sophia Stupich

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

17. INFORMANT Mrs. Margaret Flanson  
 (ADDRESS) Pierce City Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Patrick Cem. DATE July 1 1939

19. UNDERTAKER Collon + Co  
 (ADDRESS)

20. FILED July 1, 1939 E B Wright  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 18 1936 June 29 1939  
 I last saw him alive on June 29 1939 Death is said to have occurred on the date stated above, at 11:55 P.M.  
 The principal cause of death and related causes of importance were as follows:

Chr. Nephritis

Date of onset

1932

Other contributory causes of importance:

Chr. Dementia

1936

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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 \_\_\_\_\_, M. D.  
 (Signed) E B Wright  
 (Address) Pierce City, Mo.

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.

RECEIVED

District Health Officer No. 6;

District File Number 139-1443

Date Filed JUL 11 1939