

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

Do not use this space.

23335

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St Louis (No. Emmets City Hosp. #1 Ward)

File No.

Registered No. 6466

2. FULL NAME

(a) Residence. No. Timothy A Flood St. 23 Ward. Kansas City Mo
(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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
abt. 53 - -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Armen Packing Co.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Bernard Flood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Maybloss

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mayme Flood (Address) Kansas City Mo

15. JUN 17 1929 FILED 19 W. C. Walker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 15 - 1929

17. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19..... that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at..... 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Ruptured Thoracic Aneurysm Aorta

CONTRIBUTORY (SECONDARY) No Trauma (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At Home IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. W. Cannon, M.D.

6/17, 19 29 (Address) Des Moines

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL 6-18 1929

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St