

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

Do not use this space.

**1. PLACE OF DEATH**

County Morgan Registration District No. 397  
 Townshp. Mokane Primary Registration District No. 5792a  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 34508  
 Registered No. 397

**2. FULL NAME**

Alice Flottman

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John H. Flottman</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>7-11-1874</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>20</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work... <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

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

**PARENTS**

10. NAME OF FATHER <u>Thomas Phillips</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Ky</u> (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER <u>Diadema Gott</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Tenn</u> (STATE OR COUNTRY)

14. INFORMANT Oleta Flottman  
 (Address) Barnett, Mo.

15. FILED 10-21-29 W. J. Hutton  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10 1929  
 17. I HEREBY CERTIFY, That I attended deceased from May 8, 1929, to Oct 10, 1929  
 that I last saw h. alive on Oct 9, 1929, and that death occurred, on the date stated above, at 5 12 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary T. B.  
23 P  
Dont Know (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 INDIAN OPERATION PRECEDE DEATH. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) E. J. Walker, M. D.  
 . 19 \_\_\_\_\_ (Address) Eddon Mo

\*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 Hammert DATE OF BURIAL 10/11 1929  
 20. UNDERTAKER W. J. Hutton ADDRESS Barnett

170  
 FADING INK--THIS IS A PERMANENT RECORD  
 WRITE PLAIN  
 K. 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.  
 55-  
 1929  
 23  
 V. S. No. 2.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author details the various methods used to collect and analyze the data. This includes both manual and automated processes. The goal is to ensure that the information is both reliable and up-to-date.

The third part of the document focuses on the results of the analysis. It shows that there is a clear trend in the data, which suggests that the current strategy is effective. However, there are some areas where improvement is needed, particularly in terms of efficiency and cost reduction.

Finally, the document concludes with a series of recommendations for future action. These include implementing new software tools, training staff on best practices, and conducting regular audits to ensure ongoing compliance and accuracy.

The following table provides a summary of the key findings from the analysis. It shows the total revenue, expenses, and net profit over the specified period.

Category	Q1	Q2	Q3	Q4
Total Revenue	120,000	135,000	150,000	165,000
Total Expenses	80,000	90,000	100,000	110,000
Net Profit	40,000	45,000	50,000	55,000

Based on these results, it is recommended that the company continue to invest in its core operations while also exploring new market opportunities. This will help to sustain and grow the business in the long term.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Moypen Registration District No. 397 File No. \_\_\_\_\_  
 Township Morcan Primary Registration District No. 3792 a Registered No. 16  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

Alice Flottman  
 (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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>7-11-1874</u>		
7. AGE	YEARS	MONTHS
<u>X 34</u>	<u>12</u>	<u>29</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	
14. INFORMANT (Address)		
15. FILED <u>1-10-90</u> <u>av L Flottman</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10 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 \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

\_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
 \_\_\_\_\_ 19\_\_\_\_ (Address) \_\_\_\_\_

\*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	DATE OF BURIAL 19____
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

WRITE PLAINLY, WITH READING INSTRUMENTS IS A PERMANENT RECORD

K. 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE  
WASHINGTON, D. C. 20535

TO DIRECTOR, FBI (100-442611) FROM SAC, NEW YORK (100-100000) (P)  
SUBJECT: [REDACTED]

RE: [REDACTED]

DATE: [REDACTED]

CLASSIFICATION: [REDACTED]

APPROVAL: [REDACTED]

AGENCY: [REDACTED]

OPERATION: [REDACTED]

DATE: [REDACTED]

CLASSIFICATION: [REDACTED]

APPROVAL: [REDACTED]

AGENCY: [REDACTED]

OPERATION: [REDACTED]

DATE: [REDACTED]

CLASSIFICATION: [REDACTED]

APPROVAL: [REDACTED]

AGENCY: [REDACTED]

34508

929

RECEIVED

FEDERAL BUREAU OF INVESTIGATION

U. S. DEPARTMENT OF JUSTICE

WASHINGTON, D. C. 20535

TO DIRECTOR, FBI (100-442611) FROM SAC, NEW YORK (100-100000) (P)

SUBJECT: [REDACTED]

RE: [REDACTED]

DATE: [REDACTED]

CLASSIFICATION: [REDACTED]

APPROVAL: [REDACTED]

[REDACTED]