MAY 26 1927

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

Do not use this space.

7691

File No. 264

Registered No.

1. PLACE OF DEATH

County: ~~Lawrence~~ Dade — Registration District No. 238

Township: 0 — Primary Registration District No. 4145

City: Lockwood, Mo (No. ..... St. ..... Ward)

2. FULL NAME: Bertha Finke.

(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Female.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec, 4, 1848.

7. AGE: Years 78 | Months 3 | Days 26. | If LESS than 1 day, ... hrs. or ..... min.

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): Ill.

PARENTS

10. NAME OF FATHER: Jacob Knoeble.

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

12. MAIDEN NAME OF MOTHER: Unknown.

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

14. INFORMANT: Hector Finke.
(Address): Lockwood, Mo; RS.

15. FILED: 3-31, 1927. J. A. Wren, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March, 31, 1927.

17. I HEREBY CERTIFY, That I attended deceased from March 29, 1927, to March 30, 1927, that I last saw her alive on March 30, 1927, and that death occurred, on the date stated above, at 10-30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza,

115 (duration) ..... yrs. ..... mos. 10 ds.

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

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) J. A. Hope, M. D.

, 19 (Address) Lockwood 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: Dudenville, Mo;

DATE OF BURIAL: April 2, 1927

20. UNDERTAKER: J. Caldwell.

ADDRESS: Lockwood, 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.