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

Do not use this space.

8001

1. PLACE OF DEATH
County: Butler — Registration District No.: 89
Township: Poplar Bluff — Primary Registration District No.: 3607
City: Poplar Bluff (No. 400 Hazel St. St. Ward)

File No.: 58
Registered No.: 58

2. FULL NAME: Bell M. Finsley
(a) Residence. No. Poplar Bluff Mo. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charlie Finsley
6. DATE OF BIRTH (MONTH, DAY AND YEAR): unknown
7. AGE: Years 50; Months —; Days; If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(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): Missouri

PARENTS
10. NAME OF FATHER: Dan S. Harper
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER: — Clark
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Tenn.

14. INFORMANT: Ella Brown
(Address): 124 W. D St Poplar Bluff Mo.

15. FILED: 3/16 1928 Dr B J Olson
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 13 1928

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1928, to March 13, 1928 that I last saw her alive on March 13, 1928 and that death occurred, on the date stated above, at 9:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial degeneration
Sec 96 6
Sec 96 6
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Myelitis
(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? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. B. Gustat, M. D
3/14, 1928 (Address) Poplar Bluff, 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: Butler Co. Harper Cemetery — DATE OF BURIAL: Mar. 15 1928
20. UNDERTAKER: A. W. Grier, Poplar Bluff — ADDRESS

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.

PLAINLY, WITH UNFADING INK—THIS

3/16