

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

Do not use this space.

34582

1. PLACE OF DEATH
 County Pettis Registration District No. 667
 Township La Monte Primary Registration District No. 5215
 City (No.) St. Ward

2. FULL NAME Infant of Claud M. Finley
 (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 male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 4 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work 150
 (b) General nature of industry, business, or establishment in which employed (or employer) 158
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1928, to Oct 4, 1928, that I last saw him alive on Oct 4, 1928, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lived only 2 or 3 hrs.
not matured

CONTRIBUTORY (SECONDARY) 1610

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

10. NAME OF FATHER Claud M. Finley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo

12. MAIDEN NAME OF MOTHER Emma S. Roelling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co Mo

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

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

20. WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. E. Walker, M. D.
 , 19 (Address) La Monte 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.

14. INFORMANT Claud M. Finley
 (Address) La Monte Mo

15. FILED Oct 5, 1928 B. J. Pomeroy
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL County Line DATE OF BURIAL Oct 4 - 1928

20. UNDERTAKER B. J. Pomeroy ADDRESS La Monte 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.

