N 25 1929

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

39750

1. PLACE OF DEATH

County: Carroll — Registration District No.: 135 — File No.:

Township: — Primary Registration District No.: 3010 — Registered No.: 115

City: Carrollton (No. ..... St. ..... Ward)

2. FULL NAME Floyd Finney

(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. 1 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)
M	Black	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-8-1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	5	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cook 124 131
(b) General nature of industry, business, or establishment in which employed (or employer): 93C
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Pete Finney

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

12. MAIDEN NAME OF MOTHER Julia Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Charlton Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Nellie Miller
(Address) Carrollton Mo

15. FILED 12-16, 1928 Mrs. E. E. Farnham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-16 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-1, 1928 to 12-16, 1928 that I last saw h. alive on 12-12, 1928 and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Nephritis
Cirrhosis of Liver
Chr. Myocarditis
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) General Anasarca
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH) Columbia Mo

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H. B. Scovern, M. D
12-16, 1928 (Address) Carrollton, 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	DATE OF BURIAL
African Oak Hill Cem.	12-18 1928
20. UNDERTAKER	**ADDRESS**
Standley Fun. Home	Carrollton Mo