

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

Do not use this space.

19491

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Howe Primary Registration District No. 1002
 City Hausauer (No. 2103) Waldron St. _____ Ward _____
 2. FULL NAME Ralph Finkle
 (a) Residence, No. 2103 Waldron St. 11 Ward _____ (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.

File No. _____
 Registered No. 2486

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17 - 1930
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- 1 26

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

9. BIRTHPLACE (CITY OR TOWN) Hausauer Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Edward A Finkle
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER No Record
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill
 (STATE OR COUNTRY)

14. INFORMANT Edward A. Finkle
 (Address) 2103 Waldron Ave. N.E. Mo.

15. FILED 6/15 30 M. M. Kerowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1930
 17. I HEREBY CERTIFY, That I attended deceased from May 17 1930, to June 13 1930
 that I last saw h. _____ alive on June 13 1930 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Colitis
11913
86 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Recurrent Convulsions
1130 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical and
9/14 1930 (Signed) J. P. White M. D.
913 W. 11th (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 Mt. Washington DATE OF BURIAL June 16 1930

20. UNDERTAKER Mr. G. L. Fawcett ADDRESS N. E. Mo.

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.

915 Argyle Vi - 0999

4050 Warwick W2 - 4792

12 - 7134

3 - 3³⁰ pm