

SEP 26 1930

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

Do not use this space.

49

27550

1. PLACE OF DEATH

County Shelby  
Township St James  
City St James (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 678  
Primary Registration District No. 4404

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

Oma G Finn

(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 16 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)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-5-1890

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

39

10

5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Dress maker

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Red Bird  
(STATE OR COUNTRY) MO

10. NAME OF FATHER

John R. Finn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Osage Co  
(STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Georgia G. Harrison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Osage Co  
(STATE OR COUNTRY) MO

14. INFORMANT John R. Finn  
(Address) St James MO

15. FILED 8-14-30 Henry F. Walters  
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-10 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1930, to Aug 10, 1930, that I last saw h. alive on Aug 28, 1930, and that death occurred, on the date stated above, at 14:00 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary tuberculosis

23A

(duration) 6 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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 Clinical  
(Signed) William A. Seem, M. D.

8/10, 1930 (Address) St James, 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

Masonic Cem

8-11 1930

20. UNDERTAKER

ADDRESS

W. E. Lucklider

St James MO

N. B.—Every item on CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

