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.

31987

1. PLACE OF DEATH

County Wright Co. Registration District No. 1122 File No.

Township Clakr Clark Primary Registration District No. 6226 Registered No. 13

City ~~Mansfield R.F.D.~~ (No. St. Ward)

2. FULL NAME Louesa Sophia Findley

(a) Residence. No. 7 yrs 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	wht	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24/1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
78	11	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

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

(c) Name of employer

8

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Benjamin Sargent

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

12. MAIDEN NAME OF MOTHER Catherine Ables

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Penn

14. INFORMANT G.F. Maxwell
(Address) Macomb Mo.

15. FILED 9/27, 1930 T B Bouldine REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept/23/30 19

17. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1930, to Sept 23, 1930 that I last saw her alive on Sept 17, 1930 and that death occurred, on the date stated above, at 10/30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Int Nephrotis

131

162 several years (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) old age

(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?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J A Fuson, M. D.

9/24, 1930 (Address) Mansfield 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
Harlan Iowa	19

20. UNDERTAKER	ADDRESS
Floyd A. Steffe	Mansfield