

NOV 21 1930

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

Do not use this space.

32208

1. PLACE OF DEATH

County Buchanan
Township Wayne
City Wayne

Registration District No. 56
Primary Registration District No. 528
(No. R F D # 1 Dekalb Mo.

File No. 82
Registered No. 82
St. Wayne Ward

2. FULL NAME Thomas Lanton Finch

(a) Residence. No. R F D # 1 Dekalb Mo. St. Wayne 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

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Margaret E. Finch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 4, 1857

7. AGE

YEARS 73

MONTHS 2

DAYS 14

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dekalb Co.

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Jeremiah Finch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY) P Virginia

12. MAIDEN NAME OF MOTHER Frances Mears

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY) Virginia

14.

INFORMANT Margaret Finch
(Address) R F D # Dekalb Mo.

15.

FILED Oct 30 1930 J. J. Buchanan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 18 1930

17.

I HEREBY CERTIFY, That I attended deceased from 10/15, 1930 to 10/16, 1930.
that I last saw him alive on 10/16, 1930, and that death occurred, on the date stated above, at 8/45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of rectum - February & March
51A
51C

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) B. B. Simmons, M. D.

Oct. 19 1930 (Address) Dr. Joseph M.D.

*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

Bethel Cemetery

DATE OF BURIAL

October 20, 30

20. UNDERTAKER

H. C. Sidenfaden

ADDRESS

1802 Union St.

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