

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

Do not use this space.

33983

1. PLACE OF DEATH

County Cooper
Township Basewille
City Basewille (No. _____)

Registration District No. _____
Primary Registration District No. _____

File No. 106
Registered No. 218
St. _____ Ward _____

2. FULL NAME

Mrs. Mamie Finley
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug. 13 - 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 2 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Mo

13. NAME Kellis Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Edna L. Overport, Basewille Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE city cemetery DATE Oct 29 31

19. UNDERTAKER (ADDRESS) Goodman & Keller, Basewille Mo

20. FILE NO. 30, 1931 G. A. Russell Registrar

MEDICAL CERTIFICATE OF DEATH

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1931, to Oct 27, 1931. I last saw h. he alive on Oct 27, 1931. Death is said to have occurred on the date stated above, at 1. a. m. The principal cause of death and related causes of importance were as follows:

Intestinal obstruction
9 ft. path operation for
removal of large
ovarian cyst

Other contributory causes of importance: _____
1290
Name of operation Laparotomy Date of Oct 21, 1931
What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Alvin R. areaway, M. D.
(Address) Basewille Mo

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.

NOV 4 1931

