

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

Do not use this space.

38390

**1. PLACE OF DEATH**

County Morgan  
Township Morgan  
City Versailles (No. ....)

Registration District No. 598  
Primary Registration District No. 4355

File No. ....  
Registered No. 38  
St. .... Ward)

**2. FULL NAME**

Lucie 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 FM 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) Oct 4 - 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
15 0 30

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Student  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Morgan Co.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER W. E. Finley

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

12. MAIDEN NAME OF MOTHER Maggie Kennedy

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

14. INFORMANT Elvin Finley  
(Address) Versailles, Mo.

15. FILED 11-4-31 19 11 A. N. Suttman REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 3 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 10 1931 to Nov 3 1931 that I last saw h. alive on Nov 3 1931, and that death occurred, on the date stated above, at 2:15 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Typhoid Fever

(duration) .... yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) (duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH .....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. H. H., M. D.

, 19 (Address) Versailles, 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**

Versailles Cemetery

Nov 5 1931

**20. UNDERTAKER**

**ADDRESS**

W. F. Kidwell

Versailles, 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 1931

