

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

Do not use this space.

41083

1. PLACE OF DEATH

County Jackson
Township Kaw
City R. Co. Mo.

Registration District No. 302
Primary Registration District No. 160
(No. 4623 E. 7th St.)

File No. _____
Registered No. 5071
St. _____ Ward _____

2. FULL NAME Carrie Anna Finke

(a) Residence, No. 4623 E. 7th St. St. 10 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 Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 | 7 | 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

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) Mo.

FATHER 13. NAME Geo. M. Esust

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

MOTHER 15. MAIDEN NAME Marie Abel

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

17. INFORMANT (ADDRESS) W. R. Finke
4623 - E - 7th St R. Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Dec - 23 1931

19. UNDERTAKER (ADDRESS) Mrs. E. S. Foster
R. Co. Mo.

20. FILED 11/23 1931 M. M. Caroue
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 22 1931

22. I HEREBY CERTIFY, That I attended deceased from Mo., 1931, to Mo. 22, 1931
I last saw him alive on Dec 22, 1931. Death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows:

Endocarditis Chronic Date of onset Mo. 14 31
131
924/31
37
Other contributory causes of importance:
Neuritis Chronic
Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) A. M. Wall, M. D.
(Address) 3236 W. Madison Ave.

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.

3235 Windsor Be-0101