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

Do not use this space.

1855

File No.

Registered No. 1

1. PLACE OF DEATH

69 County Monroe

Township Indian Creek

City (No. St. Ward)

Registration District No. 581

Primary Registration District No. 5783

2. FULL NAME William Augusta Finnigan

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

FEB 24 1932

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.

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: Catherine Finnigan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 7 1862

7. AGE: Years 69. Months 7 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): June 1931

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

FATHER

13. NAME: Bernard Finnigan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Anna Connoly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT: Mrs H. A. Finnigan
(ADDRESS) Monroe City, Mo R.R.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Stephen Cemetery Monroe Co Mo DATE 1-11 1932

19. UNDERTAKER: Wilson & Son
(ADDRESS) Monroe City, Mo.

20. FILED 1-10 1932 O. W. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1931, to Jan 8, 1932

I last saw h alive on Dec 22, 1931. Death is said to have occurred on the date stated above, at 11.30 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset

HCB HCB

Other contributory causes of importance:

0

Name of operation None Date of

What test confirmed diagnosis? X-ray 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) John H. Kibbe, M. D.

(Address) Monroe City Mo