

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

Do not use this space.

22827

1. PLACE OF DEATH

County Jackson Registration District No. 585
 Township Kaw Primary Registration District No. 585
 City Kansas City (No. 578) 6th & Laurel St. 9 Ward

File No. _____
 Registered No. 2737
 St. _____ Ward

2. FULL NAME

(a) Residence, No. 518 Blairmont St., 9 Ward.

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>Col.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 15, 1863</u> | | |
| 7. AGE | YEARS <u>68</u> | MONTHS <u>7</u> |
| | DAYS <u>26</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Coal laborer</u> | 11. Total time (years) spent in this occupation |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 1</u> | | |
| FATHER | 13. NAME <u>Wm Finley</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u> | |
| | 15. MAIDEN NAME <u>Harriett Adams</u> | |
| MOTHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u> | |
| | 17. INFORMANT (ADDRESS) <u>Rosa Finley 518 Blairmont</u> | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Georgetown Mo</u> DATE <u>7/14/32</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Thompson Bros Undert Co 729 Liggett</u> | | |
| 20. FILED <u>7/13</u> , 19 <u>32</u> <u>M. M. Crowe</u> asst Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/11/32

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to 7-1-32, 1932
 I last saw him alive on 7-7-32 Death is said to have occurred on the date stated above, at 6:12 a.m.
 The principal cause of death and related causes of importance were as follows:
Arterio-sclerosis
Myocardial infarction
 Other contributory causes of importance:
922

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. Exam 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) J. W. Booker, M. D.
 (Address) 2200 Vine St

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.

J. G. Barber