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

Do not use this space.

85

31483

File No. 1 944

Registered No.

1. PLACE OF DEATH

County Buchanan

Registration District No.

Township

Primary Registration District No. 1001

City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME William Hammett Finch,

(a) Residence, No. 1007 Lincoln St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

NOV 21 1932

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 Barbara Finch,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 24, 1871

7. AGE: Years 61 | Months 1 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Clerk, 185

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Joseph, Mo.

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

FATHER

13. NAME Thomas N. Finch,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, North Carolina,

MOTHER

15. MAIDEN NAME Martha Ann Spencer,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

17. INFORMANT Mrs. Wm. H. Finch
(ADDRESS) 1007 Lincoln Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cem. DATE Oct. 11, 1932

19. UNDERTAKER Heaton-Bigg-Bauman Funeral Home
(ADDRESS) 319 S. 10th. St.

20. FILED OCT 10 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9th. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to Oct. 9, 1932

I last saw him alive on Oct. 8, 1932 Death is said to have occurred on the date stated above, at 5:45 a.m.

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

Date of onset

Carcinoma of the Oesophagus — 46A 46A 1078

Other contributory causes of importance:

Bronchio Pneumonia

Name of operation None Date of

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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 None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) H. L. Shumford, M. D.

(Address) 5 E. Charles St. St. Joseph Mo.

V. S. No. 2

MARGIN RESERVED FOR BINDING

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.