

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

Do not use this space.

33340

1. PLACE OF DEATH
 93 County St. Clair Registration District No. 770
 Township Fabor Primary Registration District No. 6016
 City (No.) St. Ward (No.) Ward

2. FULL NAME Anna Maria Finch
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11-1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 3 23

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
 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) 11. Total time (years, months, and days) spent in this occupation. all her life.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME Franklin Finch
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Margaret Moore
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn
 17. INFORMANT Earl Banitt
 (ADDRESS) Sumner mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Appleton City mo DATE Oct 5 '32
 19. UNDERTAKER Franklin
 (ADDRESS) Appleton City mo
 20. FILED Oct 5th '32 George Davidson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 - 1932
 22. I HEREBY CERTIFY, That I attended deceased from February 7, 1932, to Oct 4, 1932
 I last saw her alive on Oct 4, 1932. Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:
Cancer of the bowels
 Date of onset:

Other contributory causes of importance:
 (1)

Name of operation None Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?

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) R. J. Smith M. D.
 (Address) Appleton City

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.

OCT 28 1932

R. J. SMITH, M. D.
PHYSICIAN AND SURGEON
APPLETON CITY, MISSOURI

November 18 1932

Dr. Davidron

Laverie Mo.

Dear Madam - Replying to your card will say that I had
an opportunity to post mortem Anna M Finch. There was a
mass in the region of the umbilicus and from the rapid involution
and enlargement of the lymphatic glands in groin and axilla
I diagnosed cancer.

Respectfully
R. J. Smith

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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Clair
Township Tabers
City (No.) St. Ward)

Registration District No. 770
Primary Registration District No. 6014

File No.
Registered No. 5

2. FULL NAME

Anna Maude Finch

(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 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

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

MOTHER FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Oct 5th, 1932 Georgia F. Davidson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from to 19....
I last saw him alive on 19.... Death is said to have occurred on the date stated above, at m.

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

Cancer of bowels
460
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) M. D.
(Address)

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.