

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

Do not use this space.

39581

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Raw Primary Registration District No. _____
 City Kansas City (No. 1100 1/2 E 22nd.)

File No. _____
 Registered No. 4583
 St. _____ Ward _____

2. FULL NAME

Jeanette Mae Finch
 (a) Residence, No. Odessa, Mo. 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 Fe 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
1 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 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) Odessa, Mo.

13. NAME Elmer Finch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin, Mo.

15. MAIDEN NAME Georganna Stewart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odessa, Mo.

17. INFORMANT (ADDRESS) Georganna Finch, Odessa, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Odessa, Mo. DATE 12/5

19. UNDERTAKER (ADDRESS) Hatkins Bros., 1724 Euclid

20. FILED 1/5, 19 31 M. M. Browne Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/3/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 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:

acute nephritis
107A / 107A
130 / 107A

Date of onset _____

Other contributory causes of importance: Pneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis Autopsy: 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) Deputy Coroner M. D.
 (Address) Stamps Hospital, Kansas City, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

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.

