

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

Do not use this space.

6376

1. PLACE OF DEATH

58 County Linn Registration District No. 496
1 Township Primary Registration District No. 3025-
7 City Brookfield (No., St. 1 Ward)

2. FULL NAME

John Wm. Finney
(a) Residence, No. 223 Shelby St. St. 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>V</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Francis Finney</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12/20/1849</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>83</u>	<u>2</u>	<u>2</u>	<u>4</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>			
	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) <u>Dont know</u>				
MOTHER FATHER	13. NAME <u>Dont Know</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>			
	15. MAIDEN NAME <u>Nancy Mc Collum</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>				
17. INFORMANT <u>Mrs. Joe Gardner</u> (ADDRESS) <u>Brookfield</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Plesant View</u> DATE <u>2/27/33</u>				
19. UNDERTAKER <u>C.W. Hill</u> (ADDRESS) <u>Brookfield</u>				
20. FILED <u>2-25-33</u> <u>Le E. Gardner</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24/33, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 29 1933, to Feb 24 1933
I last saw him alive on Feb 29 1933. Death is said to have occurred on the date stated above, at 11:30P m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach Date of onset
16B
122B 46B

Other contributory causes of importance:
Intestinal obstruction

Name of operation None Date of
What test confirmed diagnosis? Ueul Was there an autopsy? U

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 Le E. Gardner M.D.
(Signed) Brookfield Mo
(Address)

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.

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