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.

JUL 20 1933

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

Do not use this space.

1. PLACE OF DEATH

4 County Audrain — Registration District No. 26 — File No. 18811

4 Township Sottriver — Primary Registration District No. 3002 — Registered No. 95

City Mexico, Mo. (No. Audrain Co. Hospital ~~St.~~ Ward)

7 **2. FULL NAME** Leslie Rembrandt Finley

(a) Residence. No. 210 W. Krekle St., ~~Ward~~ Wellsville, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Lulu M (Brigham) Finley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 17, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
61		3	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Plumber and General Repair worker

(b) General nature of industry, business, or establishment in which employed (or employer) part time employment

(c) Name of employer with Blattner Bros. Merc. Co. Wellsville Mo.

9. BIRTHPLACE (CITY OR TOWN) Pike county, near Louisiana
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Dr. Thomas A. Finley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pike county
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Susanna Leeper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pike county
(STATE OR COUNTRY) Missouri

14. INFORMANT Lester E. Finley
(Address) Shelbyville Mo

15. ~~FILED~~ June 22 1933 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-22-1933

17. I HEREBY CERTIFY, That I attended deceased from 5-24-, 1933, to 6-22-, 1933 that I last saw him alive on 6-22-, 1933 and that death occurred, on the date stated above, at 6 04 A. m.

73 A THE CAUSE OF DEATH* WAS AS FOLLOWS: 22 B

Intestinal obstruction (Cause not determined) (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Operated 5-25-33 for ruptured spleen (duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 6-22-33

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operation

(Signed) J. Frank Jolley, M. D.

6/22, 1933 (Address) Mexico, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Wellsville Mo	June 23 1933

20. UNDERTAKER	ADDRESS
F. W. Kuhne	Wellsville