

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

Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 5547
Township Wesson Primary Registration District No. 3029
City Hannibal (No. 622 Union

File No. 23752
Registered No. 227
St. 4 Ward

2. FULL NAME

(a) Residence, No. 622 Union St. 4 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 1929
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 7 19

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. Child
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) Hannibal Mo

13. NAME Wilton F Finkbe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo

15. MAIDEN NAME Juanita Huffman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Oak La

17. INFORMANT (ADDRESS) Mrs Frank Huffman Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Oluf Cemetery DATE 7-29-35

19. UNDERTAKER (ADDRESS) James O'Donnell Hannibal Mo

20. FILED July 27 1935 R W Dobler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1935
22. I HEREBY CERTIFY That I attended deceased from May 2 1935 to July 27 1935
I last saw him alive on July 27 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

Congestive Heart Lesion Birth
1590 1570
permanent dilation of heart
750

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
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) W E Sulzer M. D.
(Address) Hannibal Mo

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.

AUG 26 1935

