

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.

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

Do not use this space.

268

28810

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph Mo.

Primary Registration District No. 1001

City St. Joseph Mo.

State Hospital #2.

File No. 913

Registered No. 913

St. Ward

2. FULL NAME

(a) Residence, No. Dr. Hall Mo.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mrs. Maggie Finch

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

Dec. 2, 1852

7. AGE

YEARS

80

MONTHS

9

DAYS

11

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired 10 Yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

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

Buchanan Co. Mo.

FATHER MOTHER

13. NAME

Jeremiah Finch

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

St. Unknown

15. MAIDEN NAME

Frances Meers

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

St. Unknown

17. INFORMANT (ADDRESS)

State Hospital, Buchanan Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethel Cemetery, DATE Sept. 15, 1933

19. UNDERTAKER (ADDRESS)

Walter Meinhart, 1302 Faraon St. St. Joseph, Mo.

20. FILED

SEP 14 1933

John R. Bender, Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1933

22. I HEREBY CERTIFY, that I attended deceased from July 15, 1933 to Sept 13, 1933

I last saw him alive on Apr 13, 1933 Death is said to have occurred on the date stated above, at 6:10 P. m.

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

Chronic Myocarditis Date of onset Indefinite

936  
162  
age

Other contributory causes of importance:

Name of operation no Date of no

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19 no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

W. Meers

(Address)

State Hospital No. 2

M. D.

