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.

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

Do not use this space. 1177

File No. 35794

Registered No. 1177

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph (No. 4902 Lake Avenue St. Ward)

2. FULL NAME George H. Finn

(a) Residence, No. 4902 Lake Ave. St., Ward. Rapid City, SoDakota (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JAN 8 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Winifred FINN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June.30.1887.

7. AGE: Years 46 — Months 5 — Days 0 — 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.:

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 1933

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Academy, SoDakota

FATHER

13. NAME: Henry Finn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monomee, Wisconsin

MOTHER

15. MAIDEN NAME: Rosetta Miller.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alcester, SoDakota

17. INFORMANT (ADDRESS): L.D.Finn, Kennerd, Louisana

18. BURIAL, CREMATION, OR REMOVAL

PLACE Platt, SoDakato. DATE Dec. 5th 1933

19. UNDERTAKER (ADDRESS): H.O.Sidenfaden, 1802 Union st. Joseph Mo.

20. FILED DEC 5 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 30, 1933

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ viewed remains Nov. 30, 1933, to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 NOON

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

Stabbed with Knife (Homicidal) — Date of onset

Pulmonary artery & vein severed

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Other contributory causes of importance:

Name of operation: none — Date of

What test confirmed diagnosis? Autopsy — Was there an autopsy? Yes

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

Accident, suicide, or homicide? Homicide — Date of injury ....., 19.....

Where did injury occur? St. Joseph (Specify city or town, county, and State)

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

Manner of injury: Stabbed with Knife

Nature of injury: Pulmonary artery & vein severed

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Forrest Thomas Coroner, M. D.

(Address) 801½ Felix St.