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

Do not use this space.

File No. 35868

Registered No.

1. PLACE OF DEATH
County Callaway
Township
City Jefferson City (No. , St. Ward)

Registration District No. 213
Primary Registration District No. 5152B

2. FULL NAME Minnie Finley

(a) Residence, No. St., 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: Female
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 Arthur Finley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/21/1888

7. AGE: Years 55 | Months 8 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 12
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11
10. Date deceased last worked at this occupation (month and year) 12
11. Total time (years) spent in this occupation

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

FATHER
13. NAME John Mills
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Jane Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Arthur Finley New Bloomfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Carmel DATE 11/8 1933

19. UNDERTAKER (ADDRESS) Ray A Holt New Bloomfield

20. FILED 11/23/1933 W. Bedford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/6 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1933 to Nov 6 1933

I last saw h~~e~~ alive on Nov 6 1933 Death is said to have occurred on the date stated above, at 3-15 P m.

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

Cholecystitis, Pylorie obstruction Gall bladder adhered to pancreas, duodenum, hepatic flexure, omentum, liver, spleen by stomach

Date of onset: about Jan 1 33

Other contributory causes of importance: Short pancreatitis, Hemorrhagic necrosis, Gross fatty degeneration of stomach, Perforation

Name of operation exploratory laparotomy Date of 11/6/33

What test confirmed diagnosis? X-Ray Was there an autopsy? No

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? No
If so, specify
(Signed) W S Park, M. D.
(Address) Jefferson City Mo

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.

JAN 6 1934

THIS IS A PERMANENT RECORD