

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

Do not use this space.

3715

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township Marion Primary Registration District No. 329
 City Hannibal (No. 503, Bluff) St. 4 (Ward)

2. FULL NAME

(a) Residence, No. 503 Bluff 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 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 Frank H. Finck
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1908
 7. AGE YEARS 25 MONTHS 9 DAYS 28 If LESS than 1 day, hrs. or min.

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. House Wife
 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) Clarksville Mo.

FATHER 13. NAME Alie Hopkins

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

MOTHER 15. MAIDEN NAME Florence Marks

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

17. INFORMANT (ADDRESS) Mr. Frank H. Finck Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cemetery 11-12-33

19. UNDERTAKER (ADDRESS) Jaynes & Son Hannibal Mo.

20. FILED Nov 26 1933 C. M. Schick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1933
 22. I HEREBY CERTIFY, That I attended deceased from 1931, 19... to Nov. 10, 1933
 I last saw him alive on Nov. 9, 1933 Death is said to have occurred on the date stated above, at 2:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis with haemorrhage Date of onset
23 A
23 B
 Other contributory causes of importance:
None

Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 19...
 Where did injury occur? None (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 None

24. Was disease or injury in any way related to occupation of deceased? None
 If so, specify None
 (Signed) J. H. Hardisty, M. D.
 (Address) Hannibal 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.

JAY 4 1933

23

