FEB 27 1934

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

Do not use this space.

1928

70

1. PLACE OF DEATH

County Montgomery — Registration District No. 590 — File No.

Township Loutre — Primary Registration District No. 5788A — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Christone Wilhelmine Finke,

(a) Residence, No. New Florence, Mo. RFD 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: D.W.Finke,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 20th1855

7. AGE: YEARS 78 — MONTHS II — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sielhorst, Germany.

FATHER

13. NAME: Christian F. Lampe,

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

MOTHER

15. MAIDEN NAME: Christone W. Hulsoman,

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

17. INFORMANT (ADDRESS): D. W. Finke, New Florence, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Big Spring, Mo. DATE Jan 17th-34

19. UNDERTAKER (ADDRESS): Barton Baker, Americus, Mo.

20. FILED ....., 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 15th-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1934, to Jan. 15, 1934

I last saw her alive on Jan. 12, 1934 Death is said to have occurred on the date stated above, at 1:30 P.m.

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

Bronchitis, acute suppurative.

Date of onset

Other contributory causes of importance:

Broncial Asthma

Name of operation None Date of

What test confirmed diagnosis? Phys. Exam 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) Bruce Menefee, M. D.

(Address) Montgomery City, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Montgomery — Registration District No. 590 — File No. 1928
Township Lautre — Primary Registration District No. 5788A — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Christene Wilhelmine Finke
(a) Residence, No. New Florence Mo. St., R.F.D. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D. W Finke

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

7. AGE YEARS 78 MONTHS 11 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Christian F Lampe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Christene W. Hildeman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) D. W. Finke New Florence, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Big Spring, Mo. DATE Jan. 17, 1934

19. UNDERTAKER (ADDRESS) Barton Baker Americus, Mo.

20. FILED Jan. 22, 1934 (Blanche Scholten) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1934 to Jan. 15, 1934
I last saw her alive on Jan. 12, 1934. Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis Acute Suppurative	
Other contributory causes of importance: Broncial Asthma	

Name of operation none Date of —
What test confirmed diagnosis? Phys. 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 ....., 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?
If so, specify
(Signed) Buell Menefee, M. D.
(Address) Montgomery City, Mo.

SUPPLEMENTARY

S 1928