

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

Do not use this space.

9227
1934

APR 25 1934

1. PLACE OF DEATH

County Jackson Registration District No. 389

Township Raw Primary Registration District No. 1005

City Kansas City (No. 24th & Michigan)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William Finley
(a) Residence, No. 2432 Woodliffe Sv. _____ 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 M. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7, 1878

7. AGE YEARS 56 MONTHS _____ DAYS 70 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Jail
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) Ottumwa, Mo.

13. NAME Andrew Finley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan, Ky.

15. MAIDEN NAME Emily Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peters, Ky.

17. INFORMANT (ADDRESS) Mahe Finley

18. BURIAL, CREMATION, OR REMOVAL PLACE Ottumwa, Mo. DATE 3/31/34

19. UNDERTAKER (ADDRESS) Hatkins, 13 Nos. 17 1/2 Lyda

20. FILED 3-30 1934 Wm. C. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 03/27/34

22. THE DECEASED (NAME) William Finley That he died, deceased from _____ to _____, 19____

I last saw him live on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Gunshot wound of the chest
Emphysema

Other contributory causes of importance:
11/11/11
11/11/11

Name of operation _____ Date of _____

What test confirmed diagnosis? Culture Was there an autopsy? yes

23. If death was due to external cause (violence), fill in the following: Accident, suicide, or homicide _____ State of _____

Where did injury occur? at home (Specify city or town, county, and State)

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

Manner of injury Shooting by means

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Wm. C. Crowe M.D.

(Address) 1110

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.

