WHITE 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.

JUN 29 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 19531

Township — Primary Registration District No. 1001 — Registered No. 666

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Minnie Finn,

(a) Residence, No. 510 Madison St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 11 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): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Paul Finn,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 27, 1863

7. AGE: YEARS 70 — MONTHS 9 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,

10. Date deceased last worked at this occupation (month and year) June 1934,

11. Total time (years) spent in this occupation 51

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carroll County, Missouri

FATHER

13. NAME: George Schutz,

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

MOTHER

15. MAIDEN NAME: Unknown,

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

17. INFORMANT (ADDRESS): Mrs. A. G. Preston, 510 Madison Street,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cloma, Mo. DATE June 7th 1934

19. UNDERTAKER (ADDRESS): Heaton-B. E. Gale & Bowman, 319 So. 10th. St. Funeral Home

20. FILED JUN 6 1934 19 John R. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4th, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1934, to June 4th, 1934

I last saw her alive on June 4th, 1934. Death is said to have occurred on the date stated above, at 7:00 p.m.

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

Carcinoma of uterus — Date of onset —

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Other contributory causes of importance: —

Name of operation none Date of —

What test confirmed diagnosis? Clinical. Was there an autopsy? no

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

Accident, suicide, or homicide? no 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) J. T. Stamey, M. D.

(Address) 2624 St Joseph ave