

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

Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 547 File No. 21153
 Township Mason Primary Registration District No. 3079 Registered No. 173
 City Hannibal (No. 1633 Broadway Ave.) (Ward) 6

2. FULL NAME

John W. Fincke
 (a) Residence, No. 1633 Broadway St., 6 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. 8 mos. ds. How long in U. S., if of foreign birth? 67 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Luken Fincke</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 10 - 1860</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>10</u>
	DAY <u>3</u>	IF LESS THAN 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	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) <u>1930</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
MOTHER FATHER	13. NAME <u>John Fincke</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Elizabeth Starnatz</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Anna Fincke</u> (ADDRESS) <u>Hannibal Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Olivet Cem.</u> DATE <u>June 15 - 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Ray L. Schmitt</u> <u>Hannibal Mo.</u>		
20. FILED <u>June 14 1934</u> <u>R. K. Weber</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 - 1934

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1934, to June 13, 1934
 I last saw him alive on Jan 13, 1954. Death is said to have occurred on the date stated above, at 2:15 P.M.
 The principal cause of death and related causes of importance were as follows:
abscess of liver
Genl Peritonitis
12.5 B
12.0
 Other contributor cause of importance:
12.5 B

Name of operation _____ Date of _____
 What test confirmed diagnosis? gultest 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 2
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) A. L. Shoup, M. D.
 (Address) Hannibal Mo.

WRITE 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.

AUG 2 1934

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