

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.

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

Do not use this space.

DEC 19 1934

40330

1. PLACE OF DEATH

County Phillips Registration District No. 678
 Township North Dillon Primary Registration District No. 5902
 City _____ No. _____ St. _____ Ward _____

2. FULL NAME

Anna Rilla Finn

(a) Residence, No. _____ 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. 11 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 22 - 1899</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>1</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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. <u>House wife</u>	
	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) <u>Phillips Co Mo.</u>		
MOTHER	13. NAME <u>E. M. Mallock</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phillips Co Mo.</u>	
	15. MAIDEN NAME <u>Jane Sively</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phillips Co Mo.</u>	
17. INFORMANT <u>Jane Mallock</u> (ADDRESS) <u>St James Mo R-2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill Cemetery</u> DATE <u>Nov 22 - 1934</u>		
19. UNDERTAKER <u>Jones and Henry Clark</u> (ADDRESS) <u>St James Mo</u>		
20. FILED <u>11-</u> 19 <u>34</u> <u>Henry J. Mallock</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That: I attended deceased from By Respiration, 1934, to _____, 19____
 I last saw her alive on about 10, 1934 Death is said to have occurred on the date stated above, at 3:15 A.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
239
 Other contributory causes of importance: 22

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) W. J. Tubbs, M. D.
 (Address) St James Mo.

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