

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.

JAN 14 1935

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

Do not use this space.

1. PLACE OF DEATH

County Shannon  
Township Burch Tree  
City (No)

Registration District No. 822  
Primary Registration District No. 6071

File No. 45494  
Registered No. 5 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Daniel B. Findley

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Myrtle Findley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15 1870</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>5</u>
	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</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) _____ 11. Total time (years) spent in this occupation <u>40</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>		
FATHER	13. NAME <u>Hugh Findley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
	15. MAIDEN NAME <u>Marrah Carp</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
MOTHER	17. INFORMANT (ADDRESS) <u>Mrs Myrtle Findley</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Forest</u> DATE <u>1/11</u> 19 <u>35</u>	
	19. UNDERTAKER (ADDRESS) <u>John Duncan P. m. new mo</u>	
	20. FILED <u>12/9</u> 19 <u>34</u> <u>R. J. Davis</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1934 to Dec 9 1934  
I last saw him alive on Dec 4 1934. Death is said to have occurred on the date stated above, at 3:40 P.M.  
The principal cause of death and related causes of importance were as follows:  
Apoplexy  
Date of onset 12/3

Other contributory causes of importance: \_\_\_\_\_

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) R. J. Davis, M. D.  
(Address) Burch Tree, Mo

