

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.

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

Do not use this space.

JAN 19 1935

45526

1. PLACE OF DEATH

County Hodgdon
Township Caster
City (No.) (No.) St. Ward

Registration District No. 837
Primary Registration District No. 6099

File No.
Registered No.

2. FULL NAME

Jessie Harris Fink

(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. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fi. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. W. Fink.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 67 1 25

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

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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Robert W. Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Billie Hope

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Miss G. H. Fink

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield DATE 12-28, 1934

19. UNDERTAKER (ADDRESS) G. H. Fink Undertaking Co. Bloomfield Mo.

20. FILED Jan 10 1935 Cawford Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25-1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1931 to Dec 25, 1934
I last saw her alive on Dec 25, 1934 Death is said to have occurred on the date stated above, at 8:30am.

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

Chronic Myocarditis
Hypostatic
Pneumonia

Other contributory causes of importance:
Hypostatic
Pneumonia

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) G. H. Fink, M. D.
(Address) Cawford

