

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

Do not use this space.

JAN 11 1935

1142

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 100  
 City Kansas City (No. Shelley Prec.)

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

**2. FULL NAME**

(a) Residence, No. 2526 Woodland 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.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>M.</u>	<b>4. COLOR OR RACE</b> <u>Col.</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>married</u>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>		
<b>6. DATE OF BIRTH</b> (MONTH, DAY, AND YEAR) <u>Mar. 18, 1874</u>		
<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>
	<u>60</u>	<u>9</u>
		<b>DAYS</b>
		<u>13</u>
		<b>IF LESS than 1 day, .....hra. or .....min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b>	
	<u>At Home</u>	
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>	
<b>10. Date deceased last worked at this occupation</b> (month and year)	<b>11. Total time (years) spent in this occupation</b>	
<b>12. BIRTHPLACE</b> (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
<b>FATHER</b>	<b>13. NAME</b> <u>Walter Finley</u>	
	<b>14. BIRTHPLACE</b> (CITY OR TOWN) (STATE OR COUNTRY) <u>Fulton Mo.</u>	
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>Bettie Buford</u>	
	<b>16. BIRTHPLACE</b> (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
<b>17. INFORMANT</b> (ADDRESS) <u>Martha Finley 2526 Woodland</u>		
<b>18. BURIAL, CREMATION, OR REMOVAL</b>		
PLACE <u>Columbia, Mo.</u> DATE <u>1/3 1935</u>		
<b>19. UNDERTAKER</b> (ADDRESS) <u>Atkins Bros 1924 Lydia</u>		
<b>20. FILED</b> <u>1-2-35</u> <u>M. Cronin</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) Jan. 1 1935

**22. I HEREBY CERTIFY**, That I attended deceased from 12/22/34 to 1/1/35 35  
 I last saw him alive on 1/1/35 19... Death is said to have occurred on the date stated above, at 8:10a m.  
 The principal cause of death and related causes of importance were as follows:  
acute appendicitis Date of onset 12/15

**Other contributory causes of importance:**  
admission of bowel 3.

**Name of operation** Appendectomy Date of 7-5-34  
**What test confirmed diagnosis** operation 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** \_\_\_\_\_  
**Nature of injury** \_\_\_\_\_

**24. Was disease or injury in any way related to occupation of deceased?** no  
 If so, specify \_\_\_\_\_  
 (Signed) W. M. Leonard, M. D.  
 (Address) 2131 E. 24th

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.

WWW.FAMILYSEARCH.COM WITH UPDATING LINKS—THIS IS A PERMANENT RECORD

