

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

Do not use this space.

5288

MAR 20 1935

1. PLACE OF DEATH  
 County Johnson Registration District No. \_\_\_\_\_  
 Township Kearney Primary Registration District No. \_\_\_\_\_  
 City R.C. MO (No. 1908 E. 19th) St. MO Ward \_\_\_\_\_

2. FULL NAME Mary Finley  
 (a) Residence, No. 1908 E. 19th St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 26 - 1874</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>3</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. <u>Unemployed</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
FATHER	13. NAME <u>Don't know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>	
17. INFORMANT (ADDRESS) <u>Golda Freeman</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge Cem</u> DATE <u>2/8/35</u>		
19. UNDERTAKER (ADDRESS) <u>Rest Appleton Jones</u>		
20. FILED <u>2/6</u> 19 <u>35</u> M.M. Crowe asst. Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 5<sup>th</sup> 1935

22. I HEREBY CERTIFY that I attended deceased from Jan 16 1935 to Feb 5 1935  
 I last saw her alive on Feb. 4 1935. Death is said to have occurred on the date stated above, 2:14 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Bowel Impaction Date of onset Jan  
4 weeks duration  
Auto Intoxication  
 Other contributory causes of importance:  
Actinomycosis 4 3/4  
Left ankle tarsus.  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clasica 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) R.B. Bishop M.D., M. D.  
 (Address) 528 Ridge Bldg - R3KCK

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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