



1935

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

Do not use this space.

18820

## 1. PLACE OF DEATH

County SouthRegistration District No. 904Township UnionPrimary Registration District No. 6215City Grand City (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Grace Pearl Finer(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 da. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Finer6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6 18967. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
39 2 68. Trade, profession, or particular kind of work done, as spinner, lawyer, 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) 4/20/1934 11. Total time (years) spent in this occupation 1112. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver Mo.13. NAME Wm. Blockler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Water Co. Mo.15. MAIDEN NAME Lucy M. Mellan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Darlington Mo.17. INFORMANT George Finer (ADDRESS) Grand City, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Bank Cemetery 5/9 193519. UNDERTAKER Arch C. Dumble (ADDRESS) Grand City, Mo.20. FILED May 13 1935 Mrs. O. H. Bond Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-6-193522. I HEREBY CERTIFY, That I attended deceased from March 23 1935 to May 6 1935I last saw her alive on May 5 1935. Death is said to have occurred on the date stated above, at 8:00 a.m.

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

emaciation of lungs Date of onset \_\_\_\_\_Other contributory causes of importance Secondary to pneumoniaof left femur 1933

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 1935

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) G. Finer M. D.(Address) Grand City, Mo.

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.

