

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

Do not use this space.

JUL 24 1935

20420

1. PLACE OF DEATH

County Mississippi Registration District No. 566
 Township Metropolis Primary Registration District No. 5762
 City Phallexton No. _____ St. _____ Ward _____

File No. _____
 Registered No. 76

2. FULL NAME

(a) Residence, No. Haucona, Ill. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mildred Finley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1905

7. AGE YEARS 29 MONTHS 7 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Massack County, Metropolis, Ill.

13. NAME W. N. Finley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Metropolis, Ill.

15. MAIDEN NAME Effie Mae Poe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Metropolis, Ill.

17. INFORMANT W. N. Finley (ADDRESS) Superintendent Phallexton Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Dak Grove Cemetery DATE June 20, 35

19. UNDERTAKER (ADDRESS) Frank J. Finley Service, Charleston Mo.

20. FILED 6-20-35 F. J. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1935 11 P.M.

22. I HEREBY CERTIFY, that I attended deceased from June 15, 1935, to June 18, 1935. I last saw him alive on June 18, 1935. Death is said to have occurred on the date stated above, at 11 P.M.

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

Lobar Pneumonia and General Sepsis Condition.

Other contributory causes of importance: cause unknown

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) Charles L. ... M. D.
 (Address) Charleston 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.

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