

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

Do not use this space.

9844
APR 21 1936

File No. _____
Registered No. 59 Ward _____

1. PLACE OF DEATH

County Cole
Township _____
City Jefferson City (No. _____, _____ St. _____ Ward _____)

Registration District No. 213
Primary Registration District No. 3014

2. FULL NAME Alfred Finney - #30426

(a) Residence, No. Missouri State Penitentiary, 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1901.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
34 6 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown.
10. Date deceased last worked at this occupation (month and year) Unknown. 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mo. State Prison Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Locksville Mo DATE Mar-4-1936

19. UNDERTAKER (ADDRESS) Thorpe-Gordon Under. Co., Jefferson City, Missouri.

20. FILED 3/4/1936 Dr. Berford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 3, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 2-20-36., 19____, to 3-3-36., 19____.

I last saw him alive on 3-3-36., 19____. Death is said to have occurred on the date stated above, at 1:35 a. m.

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

Lobar Pneumonia

Date of onset _____

Other contributory causes of importance: 108

Name of operation None Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) William Ford, M. D.
(Address) Jefferson City, Missouri.

NOTE—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.

