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.

DEC 3 1936

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

Do not use this space.

38247

1. PLACE OF DEATH

County: Lincoln, Registration District No. 490

Township: Union, Primary Registration District No. 5853

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 6

2. FULL NAME: Sarah M. Finley

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

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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 10, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	81	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

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): Lincoln Co. Mo.

FATHER

13. NAME: Gilmore Finley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Co. Mo.

MOTHER

15. MAIDEN NAME: Martha C. Cladney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Co. Mo.

17. INFORMANT: I. I. Ellis
(ADDRESS): Silex Mo.

18. BURIAL, CREMATION, OR REMOVAL: Burial
PLACE: Reid Cemetry DATE: 10/13/1936, 19

19. UNDERTAKER: W. R. Vomund
(ADDRESS): Silex, Mo.

20. FILED: 10-12-, 1936 O. H. Damron
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1936, to October 11, 1936

I last saw her alive on October 3, 1936. Death is said to have occurred on the date stated above, at 10 a.m.

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

	Date of onset
Carcinoma Liver	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray 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) J. L. Hoeger, M. D.

(Address) Whitefield Mo.