

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 21 1937

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

Do not use this space.

45512

1. PLACE OF DEATH
 County Miller Registration District No. 561
 Township _____ Primary Registration District No. 4330
 City Aldon (No. _____) St. _____ Ward _____

2. FULL NAME Christopher Huston Findley
 (a) Residence, No. _____ St. _____ 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 15 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>83</u>	<u>7</u>	<u>19</u>	

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

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) Morgan Co. Mo

FATHER 13. NAME Joshua Findley

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

MOTHER 15. MAIDEN NAME Elizabeth Kauffman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Louise Pace
(ADDRESS) Aldon, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Deer Creek Cem. DATE Dec 6 1936

19. UNDERTAKER W. F. Kiburce
(ADDRESS) Versadecus, Mo

20. FILED File 1936 Belle Haynes
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1936, to 12-4, 1936
 I last saw him alive on Nov 1, 1936 Death is said to have occurred on the date stated above, at 4:30 a. m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset Don't know
Don't know

Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? fluoresc. and Lab. 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. B. Shelton, M. D.
 (Address) Aldon, Mo

