

APR 23 1937

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

Do not use this space.

12977

File No. 93
Registered No. 668
St. _____ Ward _____

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township Longwood Primary Registration District No. 5898
City _____ (No. _____)

2. FULL NAME James Brown Finley

(a) Residence, No. Houstonia, R. 7, 12 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise Finley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17 - 1897</u>		
7. AGE	YEARS <u>39</u>	MONTHS <u>8</u>
	DAYS <u>26</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>for self</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Mar 1937</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond, Mo</u>		
FATHER	13. NAME <u>Rudolph Finley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greenbriar, W. Va</u>	
MOTHER	15. MAIDEN NAME <u>Mary Brown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Livingston, W. Va</u>	
17. INFORMANT (ADDRESS) <u>Mrs Louise Finley, Houstonia, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridge Park</u> DATE <u>March 24, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. H. H. H. H. Houstonia, Mo</u>		
20. FILED <u>3-23</u> 19 <u>37</u> <u>Gene Black</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 17 1937 to Mar 22 1937
I last saw him alive on Mar 22 1937. Death is said to have occurred on the date stated above, at 12:20 P.M.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia right lung

Date of onset _____

Other contributory causes of importance:
10

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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) M. P. Sh... M. D.
(Address) St. Louis, Mo

WRITE PLAINLY, WITH UNFADING INK. THIS IS A VITAL RECORD. 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.

