

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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DEC 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County... Calloway
Township.....
City... Fulton, Mo. (No.....)

Registration District No. 104
Primary Registration District No. 3008

File No. 40819
Registered No. 274
St. Ward)

2. FULL NAME Tom Finney

(a) Residence, No. Moberly, Mo. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. 4 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1960

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>77</u>	<u>77</u>	<u>A.K.</u>	<u>D.K.</u>	

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

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) D.K. 11. Total time (years) spent in this occupation D.K.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

13. NAME D.K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

15. MAIDEN NAME D.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT State Hosp. Records (ADDRESS) Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL Anatomical Board PLACE DATE

19. UNDERTAKER J. O. Roberts (ADDRESS) Columbia, Mo.

20. FILED Nov 22 1937 R. T. Spruce Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21 1937 to Nov. 20 1937
I last saw him alive on Nov. 20 1937. Death is said to have occurred on the date stated above, at 9:18 m.

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

1) Chronic myocarditis and myocardial degeneration Date of onset P.K.

Other contributory causes of importance:

2) Senility ABC

Name of operation none 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? No 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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify F. A. Barnett M. D.

(Signed) F. A. Barnett / (Address) Fulton, Mo.

OCCUPATION

FATHER

MOTHER

