

REC'D MAR 15 1938

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

Do not use this space.

6353

1. PLACE OF DEATH
 17 County Carroll Registration District No. 135 File No. 6353
 3 Township Carrollton Primary Registration District No. 3010 Registered No. 137
 City Carrollton (No. _____) St. _____ Ward _____
 2. FULL NAME Robert Lee Finch 520
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruticid Finch
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18, 1863
 7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
74 1 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
 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) Carroll Co. Mo.
 MOTHER FATHER 13. NAME Eldred Finch
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 MOTHER 15. MAIDEN NAME Menervia Mize
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT Mrs. Lee Finch
 (ADDRESS) Carrollton Mo.
 18. BURIAL, CREMATION, OR REMOVAL Englewood Cem. DATE Feb 3, 1938
 19. UNDERTAKER Stanley
 (ADDRESS) Carrollton Mo.
 20. FILED 2-7, 1938 John Nesbitt Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1938 to 2-5, 1938
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia Date of onset 1/30/38
23 -
 Other contributory causes of importance:
Pulmonary Tuberculosis ?
 Name of operation _____ 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? no
 If so, specify _____
 (Signed) W. G. Carroll, M. D.
Carrollton, Mo. (Address)

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.

