

NEW SEP 27 1938

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

29452
Do not use this space.

1. PLACE OF DEATH

(a) County Maries Registration District No. 1040
(b) Township Miller Primary Registration District No. 5736
(c) City..... (d) Street No..... Registered No.....
(e) Length of residence in city or town where death occurred 2 yrs. X mos. X ds. (f) How long in U.S., if of foreign birth? X yrs. X mos. X ds.

2. PRINT FULL NAME Agusta May Finn

(a) Residence, No. Maries County St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1885

7. AGE YEARS 53 MONTHS 3 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) Aug. 1938 11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries County Missouri

FATHER 13. NAME Lee Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri

MOTHER 15. MAIDEN NAME Jane Elkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Tenn.

17. INFORMANT Ovid Rowden
(ADDRESS) Brinktown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rowden Cemetery DATE Aug 10 1938

19. FUNERAL DIRECTOR H. H. Hoop
(ADDRESS) Brinktown, Mo.

20. FILED 8-19-38 C. W. Winkelman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7 19 38

22. I HEREBY CERTIFY, That I attended deceased from X 19 X to X 19 X.
I last saw h. sr. alive on X 19 X Death is said to have occurred on the date stated above, at 9 p.m.
The principal cause of death and related causes of importance were as follows:

coronary occlusion Date of onset Aug 7 1938

Other contributory causes of importance: 9416

Name of operation X Date of X
What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X 19 X
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Robert Gates M. D.
(Signed) Robert Gates
Brinktown, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)