

0550 FEB 9 1938

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

3371
Do not use this space.

1. PLACE OF DEATH

(a) County Demiseat 2 Registration District No. 64-1
 (b) Township _____ Primary Registration District No. 4288 Registered No. 10
 (c) City Carruthersville (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

5411 John Finley
 (a) Residence, No. _____ 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 Male 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 Bessie Finley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1883
 7. AGE YEARS 55 MONTHS 10 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. W.P.A.
 10. Date deceased last worked at this occupation (month and year) 1/3 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

FATHER 13. NAME Thomas Daley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

MOTHER 15. MAIDEN NAME Mattie James
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

17. INFORMANT (NAME AND ADDRESS) Mrs. Kenneth Fortback Carruthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carruthersville DATE 1/4 39

19. FUNERAL DIRECTOR (NAME AND ADDRESS) La Forge and Co. Carruthersville, Mo.

20. FILED Feb. 1 1939 Ada Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH 2:30 AM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-4-1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:00 a.m.
 The principal cause of death and related causes of importance were as follows:

No attending physician
 Date of onset _____
 Other contributory causes of importance: 200 P

Name of operation _____ 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? _____ 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? _____
 If so, specify _____
John A. Taylor M. D.
Carruthersville (Address)

RECEIVED

District Health Officer No.

District File Number 39-1

Date Filed 2-7-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Not Embalmed

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.