

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

Do not use this space.

14733

FILED MAY 20 1940

1. PLACE OF DEATH

County Crawford
Township Boone
City Bourbon (No. 2)

Registration District No. 229
Primary Registration District No. 5211

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME 570 Charles F Finney

(a) Residence, No. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs 0 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22 1939

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

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1939, to 12-22, 1939.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26. 1856

I last saw him alive on 12-22, 1939. Death is said to have occurred on the date stated above, at 8 A. m.

7. AGE YEARS 83 MONTHS - DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. all life
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Apuronic Myo
Contractis
Natural Causes

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Plymouth Mass

FATHER 13. NAME Alvin Finney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts U.S.A.

MOTHER 15. MAIDEN NAME Hanell Sudlow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut U.S.A.

17. INFORMANT (ADDRESS) Mrs Mary J. Finney Sullivan Mrs J

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cemetery DATE 12-24 1939

19. UNDERTAKER (ADDRESS) Linstromberg Funeral Home C W Adams

20. FILED Feb 3 1940 C W Adams Registrar.

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? _____ If so, specify _____

(Signed) H. H. Davis, M. D.

(Address) Bourbon mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FIFTY PERCENTS SHOULD STATE CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 5,

District File Number 540 599

Date Filed 5/2/40