

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

Do not use this space.

1. PLACE OF DEATH

County Scotland
Township Thompson
City (No. _____) _____

Registration District No. 812
Primary Registration District No. 606153

File No. 33259
Registered No. 4
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Scotland Co. Mo. R.F.D. (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

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 James L. Finch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 1 2

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

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) Altoona Penn

13. NAME George Sloan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Margaret Adelman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Jane M. Parker Canton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Grove DATE Oct 5 1940

19. UNDERTAKER (ADDRESS) W. H. Ayne & Sons Memphis Mo

20. FILED 10/5 1940 W. H. Baker Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1940, to Oct 3, 1940

I last saw her alive on Oct 3, 1940 Death is said

to have occurred on the date stated above, at 8:10 m.

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

Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance: Hypertension

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 _____, 1940

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) W. H. Baker, M. D.

(Address) Memphis Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health, Office No. 10

District File Number 12-40-1966

Date Filed OCT 24 1940