

25 1930

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

Do not use this space.

36976-a

1. PLACE OF DEATH

County Henry Registration District No. 349
Township Calhoun Primary Registration District No. 4207
City Calhoun (No.) St. Ward)

File No.
Registered No. 17

2. FULL NAME

William C. Finks
(a) Residence. No. Calhoun St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 6 1837

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 6 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Henry Co.

10. NAME OF FATHER W C Finks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Henry Co Mo

12. MAIDEN NAME OF MOTHER Sallie E. Finks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Burnetts Mo

14. INFORMANT (Address) W. S. Finks Calhoun Mo

15. FILED 5/10, 1930 Mrs. A. A. Gray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1929, to Nov 4, 1929, that I last saw him alive on Nov 4, 1929, and that death occurred, on the date stated above, at 7 o'clock, P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of neck and face
53E

CONTRIBUTORY (SECONDARY) 48 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Chas. Byers

(Signed) Chas. Byers, M. D., 1929 (Address) Calhoun Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Calhoun Cemetery Nov 5 1929
Housey ADDRESS

22. UNDERTAKER Calhoun Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

