

1 PLACE OF DEATH

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

County Lafayette

Township Clay

or

Village

or

City

Registration District No. 460

File No. 2104

Primary Registration District No. 4622

Registered No. 4

(NO. St. Ward)

(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

2 FULL NAME Mary E. Finch

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH July 21, 1837
(Month) (Day) (Year)

7 AGE 83 yrs. 5 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Mo.

PARENTS
10 NAME OF FATHER John Moss
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia
12 MAIDEN NAME OF MOTHER Dont Know
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Dont Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Finch
(Address) Carden, Mo.

15 Filed Jan 18, 1919 F. A. Moss Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 17, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 191 to 191, that I last saw him alive on 191, and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows:

Tubercular disease
20 yrs. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) 20 yrs. (Duration) yrs. mos. ds.
(Signed) W. V. Burross Co. Coroner
Jan 18, 1919 (Address) Carden, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Cravens Cor. DATE OF BURIAL 1-18, 1919
20 UNDERTAKER W. V. Burross ADDRESS Carden, 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 occupation, OCCUPATION, is very important.

