8 1927

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

Do not use this space.

18920

1. PLACE OF DEATH
County Mississippi — Registration District No. 566 — File No.
Township — Primary Registration District No. 3030 — Registered No. 55
City Charleston (No. ... St. ... Ward)

2. FULL NAME Rowland P. Finley
(a) Residence. No. ... St., ... Ward. ...
(Usual place of abode) (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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single -

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23 - 1920

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
6	10	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cairo, Ill
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER W. H. Finley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sarcoth Ill.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Effie Poe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Columbia Ill
(STATE OR COUNTRY)

14. INFORMANT Mrs. W. H. Finley
(Address) Charleston Mo

15. FILED June 21st, 1927 F S Vernon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1927

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 6:25 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
120 B
Enteric Colletis
(duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) 114 B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A Hemmerstall M. D
Je 28, 1927 (Address) Charleston 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove — DATE OF BURIAL 1927

20. UNDERTAKER The Lair Salmon Co — ADDRESS Charleston Mo