OCT 27 1927

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

Do not use this space.

27772

1. PLACE OF DEATH
County Madison
Township Mine La Matte
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 538
Primary Registration District No. 6230

File No. .....
Registered No. .....

2. FULL NAME Hattie Finch

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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) Sept 1-1927

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
—	—	1	

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

9. BIRTHPLACE (CITY OR TOWN) Mine La Matte
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Wm Finch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Hattie Woods
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.

14. INFORMANT Willard Finch
(Address) Mine La Matte Mo.

15. FILED 9/31 1927 C. U. Davis M. D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 2 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Sept 2, 1927 that I last saw her alive on Sept 1, 1927, and that death occurred, on the date stated above, at 10 Am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Atelectasis (atelectasis)
1614
162
(duration) ..... mos. 1 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) A Harry Barron, M. D
9-2, 1927 (Address) Fredericktown 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: Mine La Matte
DATE OF BURIAL: 9/3 1927

20. UNDERTAKER: Ed. H. Webb
ADDRESS: Frederick Town 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 statement of OCCUPATION is very important.