

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

Do not use this space.

9000

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 100
 City K.C. Mo. (No. 736 Park av.) St. _____ Ward _____

File No. _____
 Registered No. 1578

2. FULL NAME

Anna Finley
 (a) Residence. No. 736 Park St., _____ Ward 9
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX _____ 4. COLOR OR RACE Te white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-11 1871

7. AGE. YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 | 7 | 4

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) (STATE OR COUNTRY) Iowa

10. NAME OF FATHER John Gorkintz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER no Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no Record

14. INFORMANT (Address) George A. Finley
736 Park av.

15. FILED 3/16 1928 M.M. Conive REGISTRAR Asst

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar-15 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 28-28 1928, to Mar 15 1928, that I last saw him alive on March 15 1928, and that death occurred, on the date stated above, at 3:00 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prof Typhoid fever

CONTRIBUTORY (SECONDARY) Suppurative tonsillitis (duration) yrs. mos. ds. 16

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Widal
 (Signed) Robert E. Lane, M.D.
3/16 1928 (Address) 2202 Cant 31

*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 Davenport Iowa DATE OF BURIAL Mar 16 1928

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K.C. Mo.

CAUSE of DEATH in plain terms, so that it may be properly classified. Exam. by State of OCCUPATION is very important.

Handwritten signature

(2)

