1929

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

Do not use this space.

9579

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 281

City St.Joseph. (No. 2533 Francis St. St. Ward)

2. FULL NAME Caroline Fink

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

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? 74 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov,5,1839

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	89	3	26	

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) Karlsrhue,Germany

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs.C.J.Schanacker
(Address) 2533 Francis St.

15. FILED MAR 4 1929 19 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar,1,1929 19

17. I HEREBY CERTIFY, That I attended deceased from Feby 25, 1929, to Mar 1, 1929 that I last saw her alive on Fe 28, 1929, and that death occurred, on the date stated above, at 6.10 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uraemic Coma (chronic interstitial nephritis) arterio sclerosis (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis with arterio sclerosis (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH St Joseph Mo

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

(Signed) F G Thompson, M. D.

3/2, 1929 (Address) 825 Charles

*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 Mt.Mora Cemetery — DATE OF BURIAL Mar,4, 1929

20. UNDERTAKER Walter Meinhoffer — ADDRESS 1302 Faraon St.

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.