

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

Do not use this space.

File No. **1462**

1. PLACE OF DEATH
 49 County Jasper Registration District No. 411
 7 Township Salina Primary Registration District No. 200
 5 City Goplin (No. _____) St. _____ Ward _____
2. FULL NAME Walter H. Finn
 (a) Residence, No. 2307 Harlem 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M. **4. COLOR OR RACE** W. **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no record
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1 1879
7. AGE YEARS 52 MONTHS 11 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer. 259
10. Date deceased last worked at this occupation (month and year) _____ **11. Total time (years) spent in this occupation** _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO 1
MOTHER FATHER
13. NAME Jamies Finn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irland 15
15. MAIDEN NAME Sarah Fullerton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 2
17. INFORMANT Brythal Finn (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL
 PLACE Tranby MO DATE 1-18 32
19. UNDERTAKER W. H. Clark (ADDRESS) _____
20. FILED 1/17 1932 W. H. Clark Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1932
22. I HEREBY CERTIFY That I attended deceased from Jan 1 1931 to Jan 15 1932
 Last saw him live on Jan 15 1932. Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis
23A
 Other contributory causes of importance:
23
Name of operation _____ **Date of** _____
What test confirmed diagnosis? _____ **Was there an autopsy?** _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ **Date of injury** _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____ **Nature of injury** ①
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
 (Signed) W. H. Clark, M. D.
 (Address) Goplin Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932

