

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

Do not use this space.

26702

**1. PLACE OF DEATH**

60 County McDonald Registration District No. 963  
Township Elk River Primary Registration District No. 5692  
City None (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 116  
Registered No. 6

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds. (If nonresident, give city or town and State)

Martha Fink

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dorset Fink</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 6 1871</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>6</u>
	DAYS <u>28</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Aug 3 1932</u>	
	11. Total time (years) spent in this occupation. <u>42 yr.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
FATHER	13. NAME <u>Jackson Oaks</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss.</u>	
MOTHER	15. MAIDEN NAME <u>Fannie Fortner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss.</u>	
17. INFORMANT <u>Mrs. J. Hawerton</u> (ADDRESS) <u>None</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>None Cemetery</u> DATE <u>Aug 5 1932</u>		
19. UNDERTAKER <u>P. J. Cornell</u> (ADDRESS) <u>Pinville Mo.</u>		
20. FILED <u>Aug 4 1932</u> <u>J. J. Minton</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1932, to Aug 4 1932  
I last saw her alive on Aug 4 1932 Death is said to have occurred on the date stated above, at 8 A. m.  
The principal cause of death and related causes of importance were as follows:  
Bronchial Asthma with Emphysema  
Date of onset 112  
113  
112

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical Was there an autopsy? no

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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. J. Minton  
(Address) None Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEP 24 1932

