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

Do not use this space.
17280

1. PLACE OF DEATH
County NEWTON
Township NEOSHO
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 609
Primary Registration District No. 5808

File No. 52
Registered No. .....

2. FULL NAME AGNES EVELYN 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 19.1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
10	10	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
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) MISSOURI

FATHER
13. NAME ROY FINCH
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

MOTHER
15. MAIDEN NAME MARY CARRIGAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT ROY FINCH
(ADDRESS) NEOSHO MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE GIBSON CEM. DATE MAY 27 1933

19. UNDERTAKER BIGHAM'S
(ADDRESS) NEOSHO MO

20. FILED 6/2 1933 C. E. Mauzy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 24.1933, 19

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1933, to May 24, 1933
I last saw her alive on May 20, 1933. Death is said to have occurred on the date stated above, at 11:15 m. p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma involving the orbit and malar process of right side of head.	

Other contributory causes of importance:
Not known

Name of operation enucleation of eye. Date of Mar. 16.
What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 None
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify No
(Signed) Orala Sale, M. D.
(Address) Neosho 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.