JUN 27 1936

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Cole — Registration District No. [illegible]
Township — Primary Registration District No. [illegible]
City Jefferson City (No. ..... St. ..... Ward)

File No. 22382
Registered No.

2. FULL NAME Constance Bebe Finn
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~ (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: Years 2 — Months 7 — 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.
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): Belle Mo.

FATHER
13. NAME: J. V. Finn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vienna Mo.

MOTHER
15. MAIDEN NAME: Delpha Elrod
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vienna Mo.

17. INFORMANT (ADDRESS): J. V. Finn
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bend Cemetery DATE 6/26 1936
19. UNDERTAKER (ADDRESS): Mrs Harry McCaw Rolla, Mo.
20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1936, to June 25, 1936
I last saw her alive on June 23, 1936. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paratyphoid Fever Type A	6/8/36

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab 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 .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Warren M Cottingham DO, M. D.
(Address) Scott Bldg Rolla, 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.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.