DEC 17 1937

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

Do not use this space.

File No. 41279
Registered No. 1088

1. PLACE OF DEATH

County: Greene — Registration District No. 318
Township: — Primary Registration District No. 2001
City: Springfield (No. 303 E. Grand St., St., Ward)

2. FULL NAME Mrs. Susie E. Finkbiner

(a) Residence, No. 303 E. Grand St., St., Ward.
(Usual place of abode) Springfield, Mo. (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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	78	6	25	

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. housewife
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) Richland County Ohio

FATHER
13. NAME Morehead
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UK

MOTHER
15. MAIDEN NAME UK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UK

17. INFORMANT Ray Finkbiner
(ADDRESS) Springfield, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Eastlawn Cem DATE Nov 17, 1937

19. UNDERTAKER H. H. Lohmeyer
(ADDRESS) Springfield, Missouri.

20. FILED Nov 22, 1937 Chas A. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1935 to Nov 16, 1937
I last saw he alive on Nov 15, 1937 Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, Cardiac —	
Vascular Renal	
Disease — chronic —	

Other contributory causes of importance:

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 .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C B Elkins, M. D.
(Address) 318½ College

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.