

MAR 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

2. County Andrew
 3. Township Savannah
 2. City Savannah (No. 13)

Registration District No. 13
 Primary Registration District No. 4010

File No. 4830
 Registered No.
 St. Ward

2. FULL NAME

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James B. Finnis
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 7 8

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) Andrew Co. Mo.

13. NAME David S. Beattie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Craig Orchard Kentucky

15. MAIDEN NAME Angeline T. Howell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County Mo.

17. INFORMANT D. B. Finnis (ADDRESS) Paradise Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Savannah Mo. DATE Feb. 12 1937

19. UNDERTAKER C. W. Lott (ADDRESS) Mo.

20. FILED 2-11 1937 Mrs A. R. Kieck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1936, to Feb 10, 1937

I last saw him alive on Feb 3, 1937 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver Date of onset 3-2-36

Other contributory causes of importance:

Oct 19 1933
Carcinoma of heart

removal Name of operation Whitely's heart removal Date of Oct 14-33

What test confirmed diagnosis? Pathology Was there an autopsy? Yes

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? Yes

If so, specify (Signed) Ralph P. Kelley, M. D.

(Address) Savannah 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.

