

Apr. 22 1936

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

Do not use this space.

16137

1. PLACE OF DEATH

County Morgan

Registration District No. 5-97

Township Morgan

Primary Registration District No. 5792

City ..... (No. .....)

File No. 3-

Registered No. 587

St. ..... Ward .....

2. FULL NAME

(a) Residence, No. .....

St. .....

Ward. .....

(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

William Henry Finkle

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

July 8 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

67

8

24

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)

Toronto Ontario Canada

FATHER

13. NAME

Archibald Mc Gill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Canada

MOTHER

15. MAIDEN NAME

Ann Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Canada

17. INFORMANT (ADDRESS)

Helen Finkle

18. BURIAL, CREMATION, OR REMOVAL

PLACE High Point

DATE April 4 1936

19. UNDERTAKER (ADDRESS)

Yarns

20. FILED

4-10

1936

Th E Patton

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

April 2 1936

22. I HEREBY CERTIFY, That I attended deceased from

August 1 1936 April 2 1936

I last saw him alive on March 36 1936 Death is said

to have occurred on the date stated above, at 8<sup>20</sup> a.m.

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

Chronic myocarditis  
Chronic interstitial nephritis

Date of onset  
1920  
1925

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Chm

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? no

If so, specify

(Signed) J. J. McEwan M. D.

(Address) Princeton

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.

