

Howard County

Finn, Thomas Francis

(5 Aug 1846- 26 May 1937)

Reported Union Civil War Soldier

Son of John Finn and Katherine Wickham

Husband of Martha Frances Dockins

Burial: Boonesboro Christian Church Cemetery ,
Boonesboro, Howard County

Missouri.

No regiment info located.

Linneman, Frederick

(17 Aug 1847- 19 Jul 1935) St Chas County Mo
Home Guards. Buried Glasgow Cemetery.

JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Howard

Registration District No. 3774221

File No. 20193

Township Boonesborro.

Primary Registration District No. 5225

Registered No. 6

City Boonesborro.

(No. 2)

St. Mo.

Ward

2. FULL NAME Thomas Francis Finn,

(a) Residence, No. 7

St. Mo.

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 Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

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

8/5th 1846

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

3 90

9

21

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Doctor, M.D.

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) Ireland.
(STATE OR COUNTRY)

13. NAME John Finn,

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

15. MAIDEN NAME Katherine Wickham,

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

17. INFORMANT Mrs W. J. Eaton,
(ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonesborro. DATE 5/29th 1937

19. UNDERTAKER Guy T. Halley,
(ADDRESS) Fayette, Mo.

20. FILED May 26, 1937 Ms. Elizabeth Chipley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/26th 1937 .19

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1937, to May 21, 1937

I last saw him alive on May 21, 1937. Death is said to have occurred on the date stated above, at 1:30 P. m.

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

Chronic Myocarditis

Date of onset

1935

Other contributory causes of importance:

Mental Deterioration
Senility

5-21-37

Name of operation none Date of

What test confirmed diagnosis? Phys. findings 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)

(Address)

Mr. J. Shaw
Fayette, Mo.

M. D.

HOME GUARD
O. Co. ST. CHARLES Regt. H. M. M.

FREDERICK LINNEMAN Age

Rank PRI. Capt. FRANZ MARTIN

ENLISTED
Enrolled JULY 15, 186.1

Where ST. CHARLES MO.

Ordered in 186

Where

Relieved from duty AUG. 11, 186.1

Ordered in 186

Relieved 186

Total No. of days in actual service

Remarks

Form No. 213, A. G. O. Mo., 7-19-13-5M

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.

AUG 16 1935

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

Do not use this space.

22863

1. PLACE OF DEATH
County Howard Registration District No. 379
Township Thacker Primary Registration District No. 4223
City Glasgow (No. _____) St. _____ Ward _____
2. FULL NAME Frederick Linneeman
(a) Residence, No. 1117 _____ St. _____ Ward _____
(Usual place of abode) _____
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Bert Linneeman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17, 1847
7. AGE YEARS 87 MONTHS 11 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. farmer
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) Germany
13. NAME Henry Linneeman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
17. INFORMANT Emma Schuender (ADDRESS) Glasgow Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Glasgow DATE 7-21-35
19. UNDERTAKER Ralph A. Carr (ADDRESS) Glasgow Missouri
20. FILED July 21 1935 W. Gardner, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1935
22. I HEREBY CERTIFY, That I attended deceased from 6-1-1935 to 7-19-1935
I last saw him alive on 7-19-1935. Death is said to have occurred on the date stated above, at 12.45 P. M.
The principal cause of death and related causes of importance were as follows:
Angine Pectoris
Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) W. B. Pritchard M. D.
(Address) Glasgow, Mo.