

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

Do not use this space.

31759

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **4047⁴**) **Kennerly** St. Ward)

File No. **9112**
 Registered No.

2. FULL NAME

Minerva Ammerman
 (a) Residence. No. **4047⁴ Kennerly** Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 25, 1844**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 1 16

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **at home**
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **Dave Branson**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

12. MAIDEN NAME OF MOTHER **Sarah David**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

14. INFORMANT **John C. Patterson**
 (Address) **4047⁴ Kennerly**

15. FILED **12 1927** **Mar C Starckoff**
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 11 1927**

17. I HEREBY CERTIFY, That I attended deceased from
, 19....., to 19.....
 that he last saw h..... alive on 19....., and that
 death occurred, on the date stated above, at..... **11:15 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Stroke
9 months cardiac (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) **WMA** (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **900**
 IF NOT AT PLACE OF DEATH.....

8700 **DID AN OPERATION PRECEDE DEATH?** DATE OF.....
no **WAS THERE AN AUTOPSY?**.....

13/ **WHAT TEST CONFIRMED DIAGNOSIS?**.....
 (Signed) **Dr. J. J. ...**, M. D.
 +, 19..... (Address) **Concord**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **DATE OF BURIAL**
Spring Valley Salem Mo **Oct 13 1927**

20. UNDERTAKER **ADDRESS**
Knowlton Co. 2707⁴ Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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