MAR 16 1928

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

Do not use this space.

1. PLACE OF DEATH

County Andrew — Registration District No. 13 — File No. 3911

Township — Primary Registration District No. 4010 — Registered No. 9

City Savannah, (No. Dr. Nichols Sanitorium St. Ward)

2. FULL NAME Frances M. Minary,

(a) Residence. No. St., Ward. Lock Haven, Penna.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 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	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas S. Minary,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	62	8	22	

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) Lock Haven, Pennsylvania

PARENTS

10. NAME OF FATHER John Toner,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania,

12. MAIDEN NAME OF MOTHER Amelia Auble,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania,

14. INFORMANT Thomas S. Minary
(Address) Lock Haven, Penna.

15. FILED 2/4 1928 C O Jefferies REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1928, to Feb 3, 1928 that I last saw her alive on Feb 3, 1928, and that death occurred, on the date stated above, at 1:30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82 H
77

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Arterio sclerosis

(duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Don't Know

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

2/3 (Signed) G. Mitchell M. D

, 1928 (Address) Savannah Mo

*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
Lock Haven, Penna,	Feb. 6 1928
20. UNDERTAKER	ADDRESS
F. A. Bowman	Savannah, Mo

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.