

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

Do not use this space.

MAR 21 1928

7446

1. PLACE OF DEATH

County Shelby
Township Black Rock
City Shelbyville (No. St. Ward)

Registration District No. 981
Primary Registration District No. 4584

File No.
Registered No.

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

W. G. Minick

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

Mar. 11, 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>72</u>	<u>10</u>	<u>27</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(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) Shelby County Mo.

10. NAME OF FATHER

George Elgin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER

Beel Rissa

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Va.

14. INFORMANT

(Address) W. G. Minick
Shelbyville, Mo.

15. FILED

Feb. 10, 1928 Mr. B. S. Baker Deft.
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

Feb. 8, 1928

17.

I HEREBY CERTIFY that I attended deceased from Jan. 24, 1928 to Feb. 8, 1928 and that I last saw her alive on Feb. 8, 1928 and that death occurred on the date stated above, at 8:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia fever

29
107A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Diabetes Mellitus
about 3 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? DATE OF

No DATE OF 2

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. G. Minick, M. D.
, 19 (Address) Shelbyville, 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

O. O. A. Cemetery

Feb 11 1928

20. UNDERTAKER

ADDRESS

J. W. Thompson Don

Shelbyville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. INFORMATION should be carefully supplied.

