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.

25 1928

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

Do not use this space.

1. PLACE OF DEATH

County: Johnson
Township: ~~Warrensburg~~.
City: Warrensburg. (No. ..... St. ..... Ward)

Registration District No. 431
Primary Registration District No. 3023

File No. 9539
Registered No. .....

2. FULL NAME Mary Katherine Minshall.

(a) Residence. No. 119, E. North St., 2 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: 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: Wm. M. Minsall.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April. 26, 1858.

7. AGE: 69 Years | Months: 10 | Days: 21 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Johnson Co.
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: F. M. Ramsey.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): KY.
12. MAIDEN NAME OF MOTHER: Mary Jane Marr.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Mo.

14. INFORMANT: Wm. Minshall.
(Address): Warremsburg. Mo.

15. FILED 3/20 1928 Wm R Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 17.1928.

17. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1928 to Mar 17, 1928 that I last saw her alive on Mar 17, 1928, and that death occurred, on the date stated above, at 11:50 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia

100 (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Wm E Johnson, M. D
Mar 19, 1928 (Address) Warrensburg 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: R. Columbus Cemetery
DATE OF BURIAL: Mar. 19, 1928

20. UNDERTAKER: R. Q. Phillips. ADDRESS: Warrensburg Mo.