BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16201

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph, (No. 113 East Isabella St. Ward)

File No.

Registered No. 594

2. FULL NAME Charles Thomas Minturn,

(a) Residence. No. 113 E. Isabelle St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. 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)
Male	White	Married,

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie B. Minturn,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb'y. 7, 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	77	3	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Candy Maker,

(b) General nature of industry, business, or establishment in which employed (or employer): Retired,

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Gallipolis, (STATE OR COUNTRY) Ohio,

PARENTS

10. NAME OF FATHER Charles R. Minturn,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gallipolis, (STATE OR COUNTRY) Ohio,

12. MAIDEN NAME OF MOTHER Unknown,

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

14. INFORMANT Mrs. Fannie B. Minturn
(Address) 113 E. Isabelle Street

15. FILED May 10, 1928 19 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from May 5, 1928, to May 8, 1928, that I last saw him alive on May 8, 1928, and that death occurred, on the date stated above, at 11 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Sclerosis 9 mos.

Cerebral Thrombosis 5 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pancreatic Decomposition

Acute Dilatation Stomach (duration) yrs. mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) S. D. Lewis, M. D.

May 9, 1928 (Address) Agate Island Old St. Joseph, 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: Ashland Cemetery — DATE OF BURIAL: May 10th 1928

20. UNDERTAKER: Healy & Gale Bauman — ADDRESS: 319 S. 10 St.

by Jos. Hayes Funeral Home

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.