

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

Do not use this space.

23130

**1. PLACE OF DEATH**

County Butler,  
Township  
City Poplar Bluff, (No. ....)

Registration District No. 89  
Primary Registration District No. 3007

File No. ....  
Registered No. 151  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. .... St. .... Ward. Lavalle, Mo.  
(Usual place of abode)  
(If nonresident give city or town and State)  
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**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED, (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
10 about,

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lavalle, Mo.  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Carl D. Minchert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Eliz. Fortner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Blount  
(STATE OR COUNTRY) Mo.

14. INFORMANT Carl D. Minchert  
(Address) Lavalle Mo.

15. FILED 7/14 28 Of Clair REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-9 1928.

17. I HEREBY CERTIFY, That I attended deceased from 7-9-28, 1928, to 7-9-28, 1928, that I last saw him alive on 7-9-28, 1928, and that death occurred, on the date stated above, at 7:55 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Leaving foot on rock  
accidentally.  
20  
18.5 (duration) yrs. mos. 20 da.

CONTRIBUTORY (SECONDARY) Tetanus (duration) yrs. mos. 10 da.

18. WHERE WAS DISEASE CONTRACTED?  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) M. Minchert, M. D.  
7-8, 1928 (Address) Poplar Bluff 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 Taylor Cem. Stoddard DATE OF BURIAL 7-10 1928.

20. UNDERTAKER Fresley & Co Poplar Bluff ADDRESS

21 1920  
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.

