JAN 23 1929

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

Do not use this space.

41348

1. PLACE OF DEATH
County: Jasper
Township: Helena
City: Joplin (No. ..... 817 Ky Ave St. ..... Ward)

Registration District No. 41
Primary Registration District No. 2002

File No. .....
Registered No. 577

2. FULL NAME: Minnie Palmer

(a) Residence. No. ..... St., ... 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: Fem
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 14 1858

7. AGE: Years 70 | Months 11 | Days 17 | If less than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Ill
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Wilder Bruce
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ill
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: No record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): No record
(STATE OR COUNTRY)

14. INFORMANT: Mrs Elmer Heyler
(Address): Joplin Mo.

15. FILED: 12-29, 1928 Dr A B Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 25 1928 to Dec 26 1928 that I last saw her alive on Dec 27 1928 and that death occurred, on the date stated above, at 7 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

valvular heart disease
9 yr
9 m
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
..... (duration) ..... yrs. ..... mos. ..... 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?
(Signed) W C Powers, M. D
12-28, 1928 (Address) Joplin 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: Fairview Cem
DATE OF BURIAL: 12-29 1928

20. UNDERTAKER: Hensel Bates & Lindsey
ADDRESS: Joplin Mo

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.