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

Do not use this space.

11412

1. PLACE OF DEATH
County: Linn — Registration District No. 496 — File No.
Township: — Primary Registration District No. 3025 — Registered No. 19
City: Brookfield (No. — St. — Ward)

2. FULL NAME: Minnie E Venable
(a) Residence. No. 513 N Main St., 2 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 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: White
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): Sep 14-1869

7. AGE: Years 59 — Months 4 — Days 26 — If LESS than 1 day, ...hrs. or ....min.

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

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

PARENTS
10. NAME OF FATHER: W. L. Venable
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Virginia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Victoria Taylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Virginia
(STATE OR COUNTRY)

14. INFORMANT: M Avonelle Venable
(Address) 513 N Main

15. FILED 3/10 1929 Thos P Fore
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/10/ 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1929, to Mar 10, 1929, that I last saw her alive on Mar 10, 1929, and that death occurred, on the date stated above, at 6.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
HB
(duration) ....yrs. ....mos. 7 ds.
CONTRIBUTORY (SECONDARY) HB
(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) Thos. P. Fore, M.D.
, 19 (Address) Brookfield, 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: Rose Hill — DATE OF BURIAL: 3/12 1929

20. UNDERTAKER: Hunter, Collins — ADDRESS: Brookfield

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

APR 26 1929

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