

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

Do not use this space.

16073

1. PLACE OF DEATH

County.....

Registration District No. 793

Township.....

Primary Registration District No. 1003

City St. Louis (No. 4075 Juneau)

File No.

Registered No. 4102

St. Ward)

2. FULL NAME

Minnie Frances Whitson

(a) Residence. No. 4075 Juneau Ward. 7

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James H. Whitson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 22 - 1860</u>		
7. AGE	YEARS	MONTHS
	<u>69</u>	<u>1</u>
		DAY
		<u>14</u>
IF LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... At Home

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

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... Audrain Co
(STATE OR COUNTRY)..... Missouri

10. NAME OF FATHER..... William Elliot

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY)..... Virginia

12. MAIDEN NAME OF MOTHER..... Mary Botte

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

14. INFORMANT..... James H. Whitson
(Address)..... Mexico, Mo

15. FILED..... APR - 6 1929
REGISTRAR..... Max Starnitz

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1929, to April 5, 1929, that I last saw her alive on April 5, 1929, and that death occurred, on the date stated above, at 2:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of breast
50

47 (duration) 2 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED.....
IF NOT AT PLACE OF DEATH..... Mexico, Mo

DID AN OPERATION PRECEDE DEATH..... No DATE OF.....
WAS THERE AN AUTOPSY?..... No

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed)..... H. E. Kingdon, M. D.
Apr. 6, 1929 (Address) 3603 Humphrey St

*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.....
Mexico, Mo DATE OF BURIAL..... 4/7/1929

20. UNDERTAKER.....
C. R. Lupton ADDRESS..... 4449 Olive St.

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.

