

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

Do not use this space.

38904

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*
(No. *Missouri Pac. Hospital*)

File No.
Registered No. *11378*
St. Ward)

2. FULL NAME

Henry Minton

(a) Residence. No. *Courmerie Hotel Harrington Kans. Ward. 17* *Harrington. Kans.*
(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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept 15 - 1883*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 2 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Bridge Carpenter*
(b) General nature of industry, business, or establishment in which employed (or employer). *Mo. & P. RR. Co.*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Louisville*
(STATE OR COUNTRY) *Ky*

10. NAME OF FATHER *Jos. Minton*

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

12. MAIDEN NAME OF MOTHER *Elyzabeth Claiborne*

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

14. INFORMANT *T. R. Minton*
(Address) *El Reno, Okla.*

15. FILED *29 1929* *Max E. Stanley* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov. 18* 19 *29*

17. I HEREBY CERTIFY, That I attended deceased from *Nov. 18*, 19 *29*, to *Nov. 18*, 19 *29*, that I last saw him alive on *Nov. 18*, 19 *29*, and that death occurred, on the date stated above, at *11:25 am.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(1) *Chronic Myocarditis* 131
(2) *Myocarditis* 20
(3) *Chr. Nephritis* 115
(duration) *Several years*
CONTRIBUTORY (1) *Artemia* (2) *Pulm. Edema*
(SECONDARY) *Terminal* (duration) *3 days* mos. ds.

18. WHERE WAS DISEASE CONTRACTED *Harrington Kans.*

19. PLACE OF DEATH *Harrington Kans.*
DID AN OPERATION PRECEDE DEATH? *No.* DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? *Urea analysis, X-ray*
(Signed) *Branch J. Raymond* M. D.
. 19 (Address) *175 E. So. Grand*

*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 *El Reno, Okla* DATE OF BURIAL *Nov 21 19 29*

20. UNDERTAKER *Peets Bros. 3029 Lafayette* ADDRESS

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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

265
2

