

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

Do not use this space.

8304

APR 28 1930

1. PLACE OF DEATH

County Franklin Registration District No. 297
Township Washington Primary Registration District No. 2016
City Washington (No. _____) St. _____ Ward _____

2. FULL NAME

Eugene Dallas Ming

(a) Residence. No. 426 E. 5th St. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 17 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 Laura R. Ming

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 25 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 1 24

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Gray Summit
(STATE OR COUNTRY) Franklin Co., Mo.

PARENTS
10. NAME OF FATHER James Morris Ming
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Courson (Delcot)
(STATE OR COUNTRY) Campbell Co., Virginia
12. MAIDEN NAME OF MOTHER Jemima Osborn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Franklin Co., Mo.

14. INFORMANT H. A. May
(Address) Washington, Mo.

15. FILED March 30 O. L. Muench
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19 - 1930

17. I HEREBY CERTIFY, That I attended deceased from May 15 - 1929 to March 19 - 1930 that I last saw him alive on March 19 - 1930 and that death occurred, on the date stated above, at 9:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:-

Chronic myocarditis
96
1580
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Angine Pectoris
(SECONDARY) (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) H. A. May, M. D.

Mar 19 - 1930 (Address) Washington, 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 Ming Cemetery, Boles Mo DATE OF BURIAL March 22nd - 1930
20. UNDERTAKER Otto & Co by Geo H Otto ADDRESS Washington

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.

