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

Do not use this space.

85

11714

MAY 2? 1930

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No. [illegible]

Township — Primary Registration District No. — Registered No. 424

City St. Joseph (No. 2530 So. 10th, Street St. Ward)

2. FULL NAME Rhoda Viola Minnick

(a) Residence. No. Cameron Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 25, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	44	5	5	

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) Lost Springs (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Isaac M. Minnick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lost Springs (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Elizabeth Marshall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Parkersburg (STATE OR COUNTRY) W. V.

14. INFORMANT J. M. Minnick (Address) St. Joseph, Mo.

15. FILED APR 7, 1930 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 5, 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1930, to Mar 28, 1930 that I last saw her alive on Mar 28, 1930, and that death occurred, on the date stated above, at 11:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

SSE

Sarcoma - (fibro) of thigh (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 119 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Xray + physical

(Signed) Paul [illegible], M. D.

4/7, 1930 (Address) St Joseph, 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	DATE OF BURIAL
Cameron Missouri	Apr. 7 1930
20. UNDERTAKER Fred D Clark	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.