UG 20 1930

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

Do not use this space.

85

21982

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No. 810
Township — Primary Registration District No. — Registered No.
City St. Joseph Mo. (No. Noyes Baptist Hospital St. Ward)

2. FULL NAME Minnie Belle Day
(a) Residence. No. St., Ward. King City, Mo.
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elmer J. Day.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 17-1894

7. AGE: 36 YEARS — MONTHS: 0 — DAYS: 27 — If LESS than 1 day, hrs. or min.

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

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

PARENTS
10. NAME OF FATHER: P. B. Baker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Fannie Routh
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Mrs T. E. Allenbrand
(Address) Darlington Mo R2

15. FILED 14 1930 19 John G. Wo. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-14-30 19

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1930, to July 14, 1930 that I last saw her alive on July 14, 1930 and that death occurred, on the date stated above, at 12-45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicaemia Puerperal
140
36
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): Miscarriage (accidental)
(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) H. A. Ferguson, M. D.
7/13, 1930 (Address) 520 Francis 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. St Joseph Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Berlin Cemetery — DATE OF BURIAL: 7-16 1930

20. UNDERTAKER: G S Gromer Pattonsburg Mo — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.