

SEP 25 1930

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

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Jefferson
City Jefferson (No. 341)

Registration District No. 341
Primary Registration District No. 5730

File No. 27280
Registered No. 27280

St. Mo. Ward 1

2. FULL NAME

Minnie Ellen Walker

(a) Residence. No. 1 St. Mo. Ward 1
(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 female 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 Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 1 28

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) Vienna
(STATE OR COUNTRY) Marion Co Mo

10. NAME OF FATHER George Elrod
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Vienna
(STATE OR COUNTRY) Marion Co Mo
12. MAIDEN NAME OF MOTHER Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Vienna
(STATE OR COUNTRY) Marion Co Mo

14. INFORMANT Mrs E. H. Phillips
(Address) James Prairie Mo.

15. Sept 10 1930 Mrs Leona Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1929, to Aug 4, 1930
that I last saw her alive on Aug 1st, 1930, and that death occurred, on the date stated above, at 3:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Aug 4 1930

Pulmonary tuberculosis
23A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Hereditary

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS 20 Post

(Signed) Th. G. Sauberg, M. D.

. 19 1930 (Address) Keller 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

Elrod Cemetery August 5
1930

20. UNDERTAKER ADDRESS

