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

Do not use this space.

28638

1. PLACE OF DEATH

County ..... Registration District No. 1003 791 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8548

City St. Louis (No. 2816 Gamble St. ..... Ward)

2. FULL NAME Amy Minor

(a) Residence. No. 2816 Gamble St., 21 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	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 26 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	47	4	29	

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) (Home)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clarksville
(STATE OR COUNTRY) Tenn.

PARENTS

10. NAME OF FATHER Charles Mims.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Lelia Cherry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Tenn.

14. INFORMANT Mr. Adam Minor
(Address) 2816 Gamble St

15. FILED AUG 29 1930, 19 Wm C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 25 1930

17. I HEREBY CERTIFY, That I attended deceased from July 18, 1930, to Aug 25, 1930, that I last saw her alive on Aug 20, 1930, and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis
chronic parenchymatous
131 (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) 129 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Vincent J. Mueller, M. D.
VIII. 26, 1930 (Address) 2335 Franklin

*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
Washington Park Cem	Aug 30 1930.
20. UNDERTAKER	ADDRESS
A.L. Beal Und. Co	2726 Lucas Av

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.