

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

Do not use this space.

1. PLACE OF DEATH

County.....Jackson
Township.....Kaw
City.....Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 2406 East 35th)

File No. 29828
Registered No. 3627
St. _____ Ward _____

2. FULL NAME

Mattie R. Minter
(a) Residence. No. 2406 E. 35th St. 13 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Claudis W. Minter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 15, 1846

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>84</u>	<u>7</u>	<u>17</u>	

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)

(STATE OR COUNTRY) Tennessee

10. NAME OF FATHER Jas. Carmack

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Martha Weeks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia

14. INFORMANT Mrs. Harry Ingers
(Address) 2406 E. 35th

15. FILED 9/3 1930 M. M. Crow
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 24 to Sept 2, 1930
that I last saw her alive on 9-2, 1930, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral embolus,
from aneurism of
left common carotid
artery. (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) intercerebral (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? 0 DATE OF

WAS THERE AN AUTOPSY? 0

WHAT TEST CONFIRMED DIAGNOSIS Claudis W. Minter
(Signed) W. W. Price M. D.

9/3 1930 (Address) 74 Apple
*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

Forest Hill Cem. Sept. 5 1930

20. UNDERTAKER

ADDRESS

Stein + Mc. Clure Gilham Place

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.

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