WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

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1. PLACE OF DEATH
County: Caldwell,
Township: Fairview,
City: (No. , St. Ward)

Registration District No. 95
Primary Registration District No. 5139

File No.
Registered No. 3

2. FULL NAME: Minna Rose Uhland,

(a) Residence, No. 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: Female,
4. COLOR OR RACE: White,
5. [redacted] MARRIED, [redacted] (write the word): Married,

5A. IF MARRIED [redacted] (OR) WIFE OF: Fred Uhland,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June, -14th-1889

7. AGE: Years 41 | Months 7 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home,
10. Date deceased last worked at this occupation (month and year): Jan. -1931
11. Total time (years) spent in this occupation: 19-yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nebraska.

FATHER
13. NAME: August Kunze,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany,

MOTHER
15. MAIDEN NAME: Amelia Fisher,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany,

17. INFORMANT: Fred Uhland
(ADDRESS) Braymer Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Braymer Cemetery DATE: Jan. -23rd., 1931

19. UNDERTAKER: E. P. Michael
(ADDRESS) Braymer Mo.

20. FILED: Jany 23, 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 21 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1931, to Jan. 21, 1931
I last saw her alive on Jan. 20, 1931. Death is said to have occurred on the date stated above, at 11-30-A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Simple Encephalitis	
Cause unknown	

Other contributory causes of importance:
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Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) M. H. Floyd D.O., ~~M.D.~~
(Address) Braymer Mo

[illegible]
[illegible]-9-1881
[illegible]-1-1861