

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.

**BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

6178

**1. PLACE OF DEATH**

County Lawrence Mo  
Township Red Oak  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 106-4  
Primary Registration District No. 5631

File No. \_\_\_\_\_  
Registered No. 2

**2. FULL NAME** Hola Minister

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 12 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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24 - 1910

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
20    1    28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Red Oak Mo  
(STATE OR COUNTRY)

**PARENTS**  
10. NAME OF FATHER George Minister  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Red Oak Mo  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Pearl Haskins  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Red Oak Mo  
(STATE OR COUNTRY)

14. INFORMANT George Minister  
(Address) Lockwood Mo

15. FILED 2-23 1931 miss J. P. Corther  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 19 1931 to Feb 21 1931 that I last saw her alive on Feb 21 1931 and that death occurred, on the date stated above, at 9:15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Septicemia  
139A  
36 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Delayed menstruations  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb 21-31

WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) James A. Ward M. D.  
, 19 Lockwood 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 Red Oak Cemetery DATE OF BURIAL Feb 23 1931

20. UNDERTAKER R. L. Hainselield ADDRESS Lockwood Mo

