

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

Do not use this space.

10665

**1. PLACE OF DEATH**

County *Madison*  
Township  
City *La Plata* (No. ....)

Registration District No. *532*  
Primary Registration District No. *4318*

File No. ....  
Registered No. *11* St. .... Ward)

**2. FULL NAME** *Minnie Belle McVay*

(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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Joseph McVay*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 25-1878*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
*53* *5*

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. *fr. & fruit*  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation *9 1/2*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Payson Ill.*

MOTHER 13. NAME *William Habighorst*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Janna James*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

17. INFORMANT (ADDRESS) *Joseph McVay La Plata Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *La Plata Cemetery* DATE *Apr. 1, 1931*

19. UNDERTAKER (ADDRESS) *H. J. Christie La Plata Mo*

20. FILED *Apr. 1, 1931* *C. H. Buckley* Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 30 - 1931*

22. I HEREBY CERTIFY, That I attended deceased from *march 25, 1931, to March 30, 1931*  
I last saw her alive on *march 30, 1931* Death is said to have occurred on the date stated above, at *12:30* m.

The principal cause of death and related causes of importance were as follows:

*Coronary occlusion. Thromboses of coronary arteries.* Date of onset *3/25/31*  
Other contributory causes of importance: *arteriosclerosis.*

Name of operation *no operation* Date of operation  
What test confirmed diagnosis? *none* 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?  
If so, specify *no*  
(Signed) *H. D. Newton*, M. D.  
(Address) *La Plata Mo.*

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. APR 24 1931

