

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

Do not use this space.

18997

1. PLACE OF DEATH

County Randolph Registration District No. 735
 Township _____ Primary Registration District No. 3034
 City Moberly (No. 920 Bond) St. _____ Ward _____

File No. _____
 Registered No. 89

2. FULL NAME

George C. Minor
 (a) Residence, No. 920 Bond 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A. Minor
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20th 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 6 22
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12th 1931
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to May 12, 1931
 I last saw h. in alive on May 12, 1931. Death is said to have occurred on the date stated above, 11:30 P.M.

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

Myocardial degeneration Date of onset South
Chronic Interstitial Nephritis
 Other contributory causes of importance: _____

Name of operation None Date of _____
 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? No
 If so, specify _____
 (Signed) Paul Lewis, M. D.
 (Address) Moberly Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 13. NAME Henry Minor
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT Mrs. Mary A. Minor (ADDRESS) Moberly
 18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly DATE May 12th 1931
 19. UNDERTAKER Mahan Anderson (ADDRESS) Moberly
 20. FILED 5/22 19 Thos S Fleming Registrar.

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.

MAY 27 1931

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