

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

Do not use this space.

21491

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township New Primary Registration District No. 101
City Kansas City (No. 3201) Central St. _____ Ward _____

File No. _____
Registered No. 2000
St. _____ Ward _____

2. FULL NAME

Miss Minnie B. Secrist
(a) Residence, No. 3201 Central St., 5 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 Fe. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29-1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 9 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jones Mortgage Co
10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation 34 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrallton, Mo.

FATHER 13. NAME Fredrick Secrist

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredricktown, Maryland

MOTHER 15. MAIDEN NAME Hennietta Litzenburg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allen Co, Penn

17. INFORMANT (ADDRESS) Miss Jessie Lueders, 3201 Central

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE June 15, 1931

19. UNDERTAKER (ADDRESS) Exlar Funeral Home, 11800 Greenwood

20. FILED 6-25-1931 M. M. Corvone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1931

22. I HEREBY CERTIFY that I attended deceased from 1926, 1926, to June 13, 1931. I last saw him alive on June 13, 1931. Death is said to have occurred on the date stated above, at 3 P. m.

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

Cause of Death
480 uterine
1390
480
Other contributory causes of importance: _____

Name of operation Repterectomy Date of 1926
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? _____
If so, specify _____

(Signed) R. C. Clegg, M. D.
(Address) 1103 Grand

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.

no. 11

11th Fla.

1
1
1
1
1