

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

Do not use this space.

41477

PLACE OF DEATH

County Reynolds

Registration District No. 502

File No. _____

Township _____

Primary Registration District No. 4305

Registered No. 59

City Marsden (No. Memorial Hospital)

St. _____ Ward _____

2. FULL NAME Minnie E. Hasford

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 7 15

8. Trade, profession, or particular kind of work done, as spinner, storekeeper, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Groceries

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Mo

13. NAME R. E. Kirby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) va.

15. MAIDEN NAME Virginia Abel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) va.

17. INFORMANT (ADDRESS) Shurman Hasford - Marsden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE mt Olivet DATE Dec 7 1931

19. UNDERTAKER (ADDRESS) Jas M Laughlin - Marsden Mo

20. FILED 12/6 1931 Shurman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 to Dec 5 1931

I last saw her alive on Dec 5 1931 Death is said

to have occurred on the date stated above, at 7:30 p.m.

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

acute strep. infection Date of onset Nov 23
st. throat joint
36

Other contributory causes of importance:

Name of operation none offered Date of Nov 27

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931

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 _____

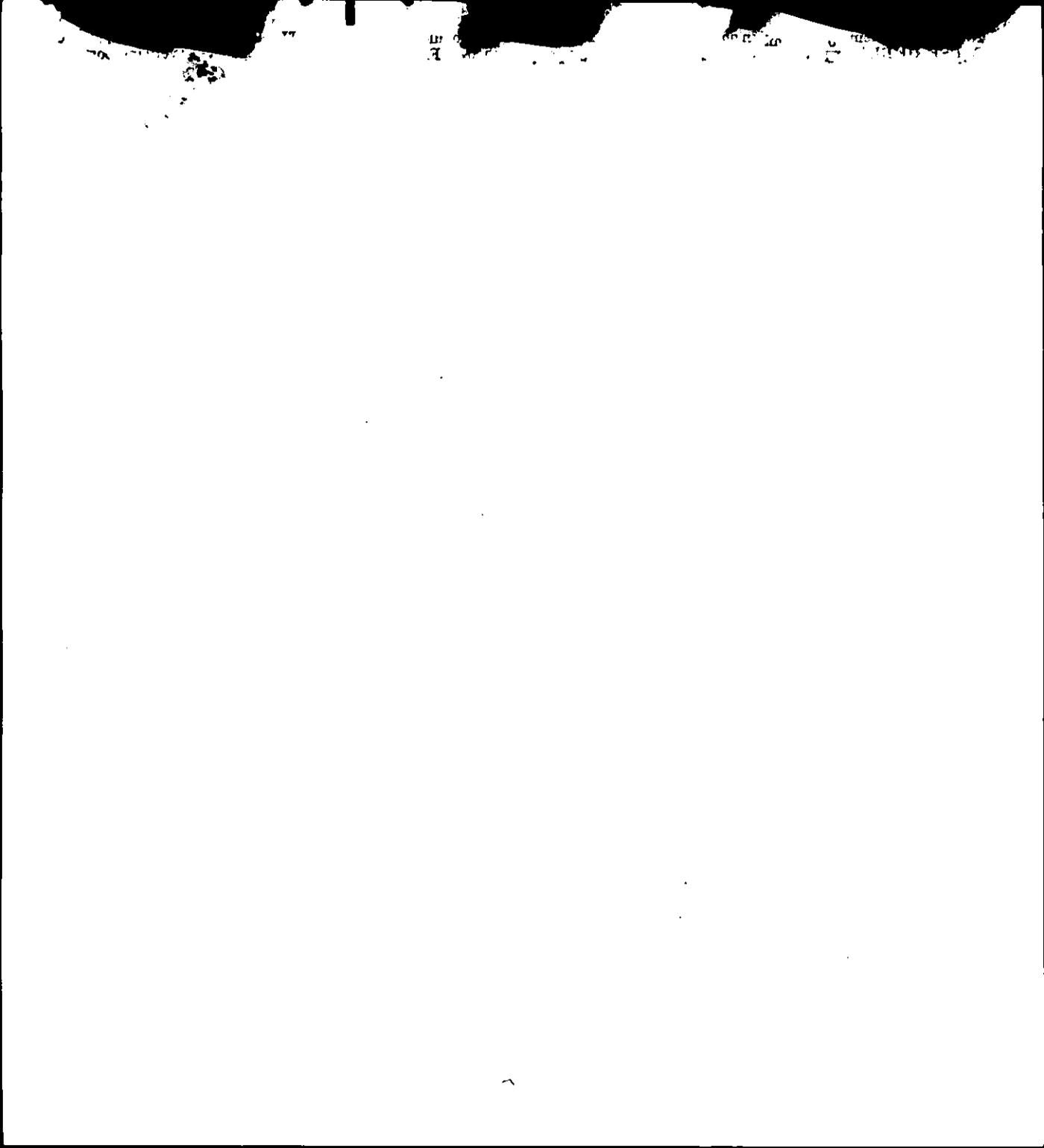
24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify no

(Signed) _____ M. D.

(Address) Shurman Co.

THIS IS A PERMANENT RECORD. Information should be carefully checked in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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