

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

Do not use this space.

2591

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.....
City St Louis (No.....) Ward 15

File No.....
Registered No. **284**
St..... Ward.....

2. FULL NAME

Evelyn Jane Mink
(a) Residence. No. 1310th St. (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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 29 - 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>2</u>	<u>10</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY)

10. NAME OF FATHER Clyde Mink

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Vandalia
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Margarette Bradfield

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Festus
(STATE OR COUNTRY) Missouri

14. INFORMANT Clyde Mink
(Address) 1310th St

15. FILED JAN - 9 1932 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) JAN. 8th 1932

17. I HEREBY CERTIFY, That I attended deceased from DEC 31st, 1931, to JAN. 8th, 1932 that I last saw h. R. alive on JAN. 8th, 1932, and that death occurred, on the date stated above, at 6:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

SCURVY + MALNUTRITION

CONTRIBUTORY (SECONDARY) BIRTH INJURY TO HEAD (duration) 2 yrs. 2 mos. 0 ds.
(CEREBRAL HEMORRHAGE) (duration) 1 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH X
DID AN OPERATION PRECEDE DEATH? No DATE OF X
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X
(Signed) [Signature], M. D.

19 1932 (Address) 1405 S. Broadway

*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 Festus Mo DATE OF BURIAL Jan 10 1932

20. UNDERTAKER A W McCaughey Undertaker, Missouri ADDRESS 11631

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.

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