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.

AUG 23 1932

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

Do not use this space.

22571

1. PLACE OF DEATH

39 County Green — Registration District No. 325 — File No.

Township Walnut Grove — Primary Registration District No. 5450 — Registered No.

City ~~Walnut Grove~~ (No. , St. Ward)

2. FULL NAME Minerva Ann King

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Robt King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October-11-1839

7. AGE: YEARS 92 — MONTHS 9 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
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): 1900
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Overton County 2 Tenn

FATHER

13. NAME: J. H. Hayter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER

15. MAIDEN NAME: Sarrah Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Fred King, Walnut Grove, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenlawn. DATE: July-26 1932

19. UNDERTAKER (ADDRESS): Brim Funeral Home, Walnut Grove Mo.

20. FILED: July 26 1932 L E McClure — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1932, to July 24, 1932

I last saw her alive on July 21, 1932. Death is said to have occurred on the date stated above, at 2 P m.

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

Apoplexy. — Date of onset

82-16

Other contributory causes of importance:

Senility

(1)

Name of operation — Date of

What test confirmed diagnosis? Physical — 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) B. B. Kirby, M. D.

(Address) Dadeville Mo