

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

Do not use this space.

31951

1. PLACE OF DEATH
 38 County Henry Registration District No. _____
 Township Cooper Primary Registration District No. 310
 City Washington Mo (No. 54298) St. _____ Ward _____

2. FULL NAME William F. Minkner
 (a) Residence, No. Washington 148 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 1847

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>84</u>	<u>11</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. at home

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany 10

MOTHER FATHER

13. NAME Frank Minkner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

15. MAIDEN NAME don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know 31

17. INFORMANT Frank Minkner (ADDRESS) Washington Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Rouge DATE Oct 6, 1932

19. UNDERTAKER Clifford Brooks (ADDRESS) Albany Mo

20. FILED Oct 6, 1932 Walter Beard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-1-32, 1932, to 10-1-, 1932
 I last saw him alive on 10-1-, 1932 Death is said to have occurred on the date stated above, at 12:45 am.
 The principal cause of death and related causes of importance were as follows:
cancer prostate gland
5/10
 Date of onset 1 year ago

Other contributory causes of importance:
(1)

Name of operation none Date of _____
 What test confirmed diagnosis? clin 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 _____, 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) Frank H. Rose, M. D.
 (Address) Albany Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ACT O E 1000

