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.

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

Do not use this space.

36196

1. PLACE OF DEATH
2 County Knox — Registration District No. 441 — File No.
2 Township Center — Primary Registration District No. 4259 — Registered No. 160
2 City Edina Mo (No. ..... St. ..... Ward)

2. FULL NAME Minnie E. Meredith

(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. 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7 - 1859

7. AGE — YEARS 72 — MONTHS 11 — DAYS ~~20~~ 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Edina Mo

FATHER
13. NAME James C. Blood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass

MOTHER
15. MAIDEN NAME Esther Danell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin Ireland

17. INFORMANT (ADDRESS) Mrs Martha Colton Edina Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Linville Cemetery DATE Nov 13 1932

19. UNDERTAKER (ADDRESS) Kriegshauser Bros Edina Mo

20. FILED Nov 12, 1932 Mrs C M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1932, to Nov. 11, 1932

I last saw h— alive on —, 19— Death is said to have occurred on the date stated above, at 6 A.M.

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

was dead when I arrived was I think Acute myocarditis 93A

Date of onset

Other contributory causes of importance: 95B

Name of operation — Date of —

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, 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) Ct E. Luman, M. D.
(Address) Edina Mo