

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

Do not use this space.

42968

1. PLACE OF DEATH

108 County Vernon Registration District No. 875
 2 Township Center Primary Registration District No. 3039
 7 City Merivale (No. St. Ward)

2. FULL NAME

Minerva Jane Creel
 (a) Residence, No. 1204 W. Cherry Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1851 Nov 15</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>1</u>
	DAYS <u>9</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>widowed</u>	11. Total time (years) spent in this occupation. <u>all life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carlton MO</u>		
FATHER	13. NAME <u>Mr. J. Atkinson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tupacaw 31</u>	
MOTHER	15. MAIDEN NAME <u>Kelley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wakarusa</u>	
17. INFORMANT (ADDRESS) <u>Wm. A. H. Foreman Merivale, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Maplewood</u> DATE <u>Dec 27</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Martha Schigger Merivale, Mo.</u>		
20. FILED <u>12-29</u> 19 <u>32</u> <u>E. O. King</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 10:15 to 11:30 1932
 I last saw him alive on Nov 26 1932. Death is said to have occurred on the date stated above, at 9:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Hemorrhage of Brain
82
97
 Other contributory causes of importance: 820
Microscopically
 Date of onset unknown

Name of operation Date of
 What test confirmed diagnosis? 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? No
 If so, specify
 (Signed) J. M. Yates M. D.
 (Address) Merivale, Mo.

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.

APR 27 1933

WRITE FULLY, WITH CARE AND PRECISION

