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.

SEP 26 1933

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

Do not use this space.

23612

1. PLACE OF DEATH
County Lawrence — Registration District No. 467 — File No. 432
Township Aurora — Primary Registration District No. 4280 — Registered No.
City Aurora Mo (No. ..., ..., St. ..., Ward)

2. FULL NAME Winona Davis Minor

(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 34 yrs. mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Femmer
4. COLOR OR RACE White
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word) Louis J Minor

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Louis James Minor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5th 1876

7. AGE YEARS 57 MONTHS 4 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. X
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Vernon Mo

FATHER
13. NAME William Newton Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green Ky

MOTHER
15. MAIDEN NAME Ida Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kokomo Ind

17. INFORMANT (ADDRESS) Mrs Frank Parks 15 West 58 St Terrace

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Vernon Mo
PLACE I.O.O.F. DATE July 9th 1933

19. UNDERTAKER (ADDRESS) Leo Bo[illegible] Mt Vernon Mo

20. FILED ..... 19.... [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933, to July 7, 1933
I last saw her alive on July 7, 1933. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction due to Fecal impaction	July 2 1933

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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) J Will Smith, M. D.
(Address) Aurora, Mo.