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.

NOV 10 1933

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

Do not use this space.

32889

1. PLACE OF DEATH
County Howard — Registration District No. 380 — File No.
Township Franklin — Primary Registration District No. 4224 — Registered No. 16
City New Franklin (No. , St. Ward)

45
5
2

2. FULL NAME Minnie Stimson Kingsbury

(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 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): Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF H. M. Kingsbury

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 - 1876

7. AGE: YEARS 57 — MONTHS 5 — DAYS 6 — 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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pryorsburg Kentucky

FATHER
13. NAME Isaac Stimson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Ida Gregory
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) H. M. Kingsbury New Franklin Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boonville, Mo. DATE 10/21 1933

19. UNDERTAKER (ADDRESS) C. S. Duncan New Franklin Mo

20. FILED 11-2- 1933 J. B. Fleet Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 5 pm.
The principal cause of death and related causes of importance were as follows:

Accidental Death By Strangulation — Date of onset

Other contributory causes of importance: none

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? Accident Date of injury 10-19, 1933
Where did injury occur? At her home New Franklin Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Head Caught between Top of Pan
Nature of injury Accident

24. Was disease or injury in any way related to occupation of deceased? Not
If so, specify
(Signed) J. C. Richards, M. D.
(Address) Franklin

Fayette Mo