

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

Do not use this space.

35478

**1. PLACE OF DEATH**

110 County Washington  
Township Walton  
City..... (No..... St..... Ward.....)

Registration District No. 1980  
Primary Registration District No. 6180

File No. 152  
Registered No. 152

**2. FULL NAME**

Willard Lawson Mincher

(a) Residence, No..... St..... Ward.....  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-8-1920

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hra. or .....min.
	<u>13</u>	<u>5</u>	<u>13</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>school-</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).....	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron So. Mo.

13. NAME James L. Mincher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron So. Mo.

15. MAIDEN NAME Belle Minor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron So. Mo.

17. INFORMANT Riley Jerry bull (ADDRESS) Shirley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shirley, Mo DATE 10-23-1933

19. UNDERTAKER Sparks & Sparks (ADDRESS) Patton, Mo.

20. FILED Nov 21 1933 J. S. Hill Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-9-1933, to 10-21-1933

I last saw him alive on 10-9-1933 Death is said to have occurred on the date stated above, at 10 P. m.

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

Typhoid Fever Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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) Jos. F. Thurman, M. D.

(Address) Patton, Mo.

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.

NOV 10 1933

