

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

Do not use this space.

37688

PLACE OF DEATH  
County St. Francois  
Township Perry  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 475-  
Primary Registration District No. 6070

File No. \_\_\_\_\_  
Registered No. 83  
St. \_\_\_\_\_ Ward \_\_\_\_\_

FULL NAME Elisabeth Marie Christina Minner  
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl Rudolf Minner  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28 1852  
7. AGE YEARS MONTHS D. Ys IF LESS than 1 day, hrs. or min. 80 3 22  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House Keeper  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Wigby (STATE OR COUNTRY) Sweden  
10. NAME OF FATHER Augustus  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sweden (STATE OR COUNTRY) \_\_\_\_\_  
12. MAIDEN NAME OF MOTHER Don't Know  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Albert L Minner (Address) Bonville Mo.  
15. FILED 11/21 1933 G. A. Bon REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20 1933  
17. I HEREBY CERTIFY, That I attended deceased from Oct 20 1933, to Nov 17 1933 that I last saw her alive on Nov 17 1933, and that death occurred, on the date stated above, at 8:15 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Nephritis

18. CONTRIBUTORY (SECONDARY) Age (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? St. Home  
DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No.  
WHAT TEST CONFIRMED DIAGNOSIS? Examinations  
(Signed) Dr. Turley, M. D.  
11-20, 1933 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bonville Mo DATE OF BURIAL 11-22-1933  
20. UNDERTAKER Behan Undertaking Co ADDRESS Bonville

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.

1933

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