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.

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

Do not use this space.
39566

JAN 26 1934
37
24

1. PLACE OF DEATH
County: Cooper
Township:
City: Boonville (No. ..... St. ..... Ward)

Registration District No. 218
Primary Registration District No. 3015

File No. 107
Registered No.

2. FULL NAME: Roosevelt Minor

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Black
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): June Date unknown 1922

7. AGE: YEARS 11 MONTHS 6 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School-boy
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): Cooper Co. Mo

FATHER
13. NAME: Hagan Minor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co. Mo

MOTHER
15. MAIDEN NAME: Elizabeth Patterson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co. Mo

17. INFORMANT: Eliza Davis
(ADDRESS) Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: City Cem. Boonville Mo DATE: Dec 23, 1933

19. UNDERTAKER: Goodman & Bolle
(ADDRESS) Boonville Mo

20. FILED: Dec 22, 1933 Dr. O. W. Bozworth
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932, to Dec 21, 1933
I last saw him alive on Dec 20, 1933. Death is said to have occurred on the date stated above, at 6:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myeloid Leukaemia	Nov 15 1932

Other contributory causes of importance:

Name of operation: none Date of: —
What test confirmed diagnosis? Laboratory 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. C. Tinsley, M. D.
(Address) Boonville Mo.