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

Do not use this space.

1513

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township ~~Blue~~ — Primary Registration District No. — Registered No. 2[illegible]
City Kansas City (No. T. B. Hospital St. Ward)

2. FULL NAME Edward, Minnis
(a) Residence, No. 514 1/2 East 9th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 26 yrs. V mos. V ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk. 1869

7. AGE — YEARS: 64 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Michigan

FATHER
13. NAME John Minnis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Not known

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Jan 16th, 1934

19. UNDERTAKER (ADDRESS) Quick & Tobin Co 20 W Linwood

20. FILED Jan 15, 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. - 8 -, 1934, to Jan 13, 1934
I last saw him alive on Jan. 13 -, 1934. Death is said to have occurred on the date stated above, at 5 25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tbc.	

Other contributory causes of importance:

Name of operation — Date of 1/13/34
What test confirmed diagnosis? Sputum — 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) Paul C Flatt, M.D., M. D.
(Address) R. C. Tb. Hosp.