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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 3991

Township: — Primary Registration District No.: 1001 — Registered No.: 154

City: St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME: Nora E. Miner

(a) Residence, No. 636 No. 20th. St. 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hugh A. Miner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June, 19, 1900

7. AGE: YEARS 33 — MONTHS 7 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.

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): Cosby, Mo.

FATHER

13. NAME: Henry Ochse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cosby, Mo.

MOTHER

15. MAIDEN NAME: Carrie C. Bunse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cosby, Mo.

17. INFORMANT (ADDRESS): Mrs. Otto Bieri, 636 No. 20th. St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Ashland Cemetery, DATE: Feb. 9, 1934, 19

19. UNDERTAKER (ADDRESS): Walter Meierhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED: FEB 7 1934 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 7, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/4, 1934, to 2-7-, 1934

I last saw her alive on 2-7-, 1934. Death is said to have occurred on the date stated above, at 12.15 P.M.

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

Thrombosis of femoral vein — Date of onset 2/4/34

Other contributory causes of importance: Endocarditis acute — Cause unknown — Unknown

Name of operation: none — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? Yes

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) L. C. Hanman, M. D.

(Address) Kirkpatrick Bldg. St. Joseph, Mo.