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.

JUN 19 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 18934

Township ..... Primary Registration District No. ..... Registered No. 5451

City ST. Louis (No. Dr Paul Hospital St. ..... Ward)

2. FULL NAME Lizzie May Minnis

(a) Residence, No. 943a Beach St., 5 Ward. (If nonresident, give city or town and State)
(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.

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 Whitfield Minnis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1859

7. AGE YEARS 74 MONTHS 11 DAYS 3 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) Henderson Kentucky.

FATHER

13. NAME John Rodman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Indiana

MOTHER

15. MAIDEN NAME Martha Shelbourne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spencer County Kentucky.

17. INFORMANT (ADDRESS) Hugh Minnis 943a Beach

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden Mo DATE June 1, 1934

19. UNDERTAKER (ADDRESS) Shepard Funeral Home 1162-69 Hamilton Ave

20. FILED [illegible] 1934 J. S. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-18, 1934, to 5-30, 1934

I last saw her alive on 5-30, 1934 Death is said to have occurred on the date stated above, at 8 15 P. m.

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

Lobar Pneumonia

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) Lorence G. Drum, M. D.

(Address) 1927 Union