

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

Do not use this space.

**1. PLACE OF DEATH**

County Balling  
Township Tennard  
City Inter Mills, Mo. (No. ....) St. .... Ward)

Registration District No. 66  
Primary Registration District No. 4058

File No. 23171  
Registered No. ....

**2. FULL NAME**

Martin B.L. Minter

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
88 5 24

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Data 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) Kaj

13. NAME Marion Joseph Minter,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia,

15. MAIDEN NAME Mary Griffith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT Ma Dinger Bell (ADDRESS) Inter Mills Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Tracy Creek DATE July 13 1934

19. UNDERTAKER J. F. Baker (ADDRESS) Inter Mills, Mo.

20. FILED 9/1 J. J. G. [unclear] Reg. Mar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1934

22. I HEREBY CERTIFY That I attended deceased from July 10 1934, to July 12 1934

I last saw him alive on July 11 1934 Death is said to have occurred on the date stated above, at 2 A. m.

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

Cholera morbus  
(Cholera nostras)

Date of onset

Other contributory causes of importance:

23. 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? No

If so, specify .....

(Signed) C. A. Sander M. D.

(Address) Marble Hill, Mo.

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.

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