

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

Do not use this space.

1112 ✓

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.

1. PLACE OF DEATH

County JACKSON Registration District No. 398
 Township _____ Primary Registration District No. 30.19
 City INDEPENDENCE (No. INDEPENDENCE SANITARIUM) St. _____ Ward _____

File No. _____
 Registered No. 19
 St. _____ Ward _____

2. FULL NAME HAROLD DALE MINTON

(a) Residence, No. _____ St. _____ Ward EAST INDEPENDENCE, MO.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 5 mos. 16 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 CHILD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 3, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 5 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE
 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) EAST INDEPENDENCE MISSOURI

FATHER 13. NAME FRANK A. MINTON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEWCANTON ILL.

MOTHER 15. MAIDEN NAME CORA FLORENCE TOUSLEY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PEORIA ILL.

17. INFORMANT FRANK A. MINTON
 (ADDRESS) EAST INDEPENDENCE, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MOUND GROVE DATE JAN. 22, 1935

19. UNDERTAKER STAHL'S FUNERAL HOME
 (ADDRESS) 815 W. MAPLE AVE. INDEP. MO.

20. FILED 1-22-35 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 19, 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 15, 1935, to Jan 19, 1935. I last saw him alive on Jan 19, 1935. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Ruptured appendix with generalized peritonitis

Other contributory causes of importance: 1/2/35

Name of operation None Date of _____
 What test confirmed diagnosis? Cultures 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) Wesley E. Johnson, M. D.
 (Address) Independence, Mo.

