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.

55

FEB 26 1935

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

Do not use this space.

1. PLACE OF DEATH
County: Lawrence
Township: N. Mt. Vernon
City: (No. St. Ward)
Registration District No. 470
Primary Registration District No. 5633
File No. 1901
Registered No. 3

2. FULL NAME: Miss Leola Minnis
(a) Residence, No. Mt. Vernon, Mo. St. Ward. Carrollton, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 10 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Black
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): Aug. 17 — 1916

7. AGE: YEARS 19 | MONTHS 5 | DAYS 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School girl
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): Carrollton, Mo.

FATHER
13. NAME: Lewis E. Minnis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carrollton, Mo.

MOTHER
15. MAIDEN NAME: Ruby Douglas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carrollton, Mo.

17. INFORMANT (ADDRESS): Hoovily [illegible] Mt. Vernon
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Carrollton, Mo. DATE: Jan. 23, 1935
19. UNDERTAKER (ADDRESS): Pfeiffer & Tannehill
20. FILED: Jan. 24, 1935 P. A. Holmes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 22nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3. 4. 34, 1934, to Jan. 22nd, 19..
I last saw her alive on Jan. 22nd, 1935. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Oct. 1933

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? clinical Was there an autopsy? No.

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) Scott P. Child, M. D.
(Address) Mt. Vernon, Mo.