

APR 2 1935

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

Do not use this space.

7887

1. PLACE OF DEATH

County Washington
Township Amos
City (No. _____) _____ St. _____ Ward _____

Registration District No. 887
Primary Registration District No. 6182

File No. _____
Registered No. _____

2. FULL NAME

Anna May Minko
(a) Residence, No. _____ 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 24 - 1930</u>		
7. AGE	YEARS	MONTHS
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cadet Mo</u>		
13. NAME <u>John Minko</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Toledo Mo</u>		
15. MAIDEN NAME <u>Fannie Bell Yarbran</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Beakwell Mo</u>		
17. INFORMANT <u>John Minko</u> (ADDRESS) <u>Cadet Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old Munes</u> DATE <u>Feb. 25</u> 19 <u>35</u>		
19. UNDERTAKER <u>J. R. BOYER & SON</u> (ADDRESS) <u>POTOSI, MO.</u>		
20. FILED <u>Feb 28</u> 19 <u>35</u> <u>G. F. Cresswell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 193522. I HEREBY CERTIFY, That I attended deceased from Did not attend, 1935

I last saw h. _____ alive on _____, 19____ Death is said

to have occurred on the date stated above, at 4 A. M.

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

Patient Foreman's Fall
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) G. F. Cresswell County Health Officer, D.
(Address) Potosi

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.

