

JUL 23 1935

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

Do not use this space.

1935 11

1. PLACE OF DEATH

County Jackson

Registration District No. 398

Township Independence

Primary Registration District No. 3019

City Independence (No. _____)

File No. _____

Registered No. 206

2. FULL NAME Mrs. Nancy Minor

Sanatorium

(a) Residence, No. 314 N. Spring St., _____ Ward.

(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 Female 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 - 1853

7. AGE YEARS 81 MONTHS 11 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Chillicothe Ohio

13. NAME William M. Coy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Ohio

15. MAIDEN NAME Eleanor Waddle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Ohio

17. INFORMANT Miss Grace Minor (ADDRESS) 314 N. Spring

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn C. DATE June 29 1935

19. UNDERTAKER (ADDRESS) W. J. Mitchell Independence Mo.

20. FILED 6-1-35 J. L. Bark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1935

22. I HEREBY CERTIFY, That I attended deceased from June 26 1935 to June 27 1935

I last saw her alive on June 26 1935 Death is said to have occurred on the date stated above, at 1:45 P. M.

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

Acute Dilatation Heart Date of onset 6/27/35

Other contributory causes of importance: Fracture left femur 6/24/35

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 6/24 1935

Where did injury occur? in home Independence Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury Fall on floor

Nature of injury Fracture left femur

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) George T. Rogers M.D.

(Address) Independence Mo.

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.

