AUG 9 1935

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

Do not use this space.

24926

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Saint Louis (No. Peoples Hospital St. ..... Ward)

File No. .....

Registered No. 6362

2. FULL NAME Minnie Wimberly

(a) Residence, No. 4220 W. Easton Avenue St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable 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: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ (OR) WIFE OF Daniel B. Wimberly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown /1905

7. AGE: Abt. 30 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) July 23/1935

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

FATHER

13. NAME Judge Bonner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER

15. MAIDEN NAME Sarah-Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Daniel B. Wimberly 4220 W. Easton Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE July 27/1935

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue.

20. FILED JUL 26 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25th, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1935, to July 25th, 1935

I last saw her alive on July 25th, 1935. Death is said to have occurred on the date stated above, at 7: A.M.

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

Acute Intestinal Obstruction (Volvulus) — Date of onset 1 day

Other contributory causes of importance: 122b

Name of operation Laparotomy Date of 7/25/35

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? ..... 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) D. C. Taylor, M. D.

(Address) 3136 Chouteau Avenue.

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD