

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.

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

Do not use this space.

33054

**1. PLACE OF DEATH**

County Jasper Registration District No. 408  
 Townshp Marion Primary Registration District No. 3562  
 City (No. Carthage R#4) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Minta Kenyon  
 (a) Residence, No. Carthage Mo. R#4 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas Kenyon</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 11-1886</u>			
7. AGE	YEARS	MONTHS	DAYS
	<u>49</u>	<u>1</u>	<u>25</u>
IF LESS than 1 day, _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
	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) <u>Sarcovie mo.</u>			
FATHER	13. NAME <u>Geo. Smith</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>		
MOTHER	15. MAIDEN NAME <u>Martha Lunsford</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>		
17. INFORMANT <u>Chas Kenyon</u> (ADDRESS) <u>Carthage Mo. R#4</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>East Hill</u> DATE <u>Oct. 8</u> 19 <u>35</u>			
19. UNDERTAKER <u>Wesmer</u> (ADDRESS) <u>Carthage Mo</u>			
20. FILED <u>Oct. 8</u> 19 <u>35</u> <u>E. B. Clinton</u> Registrar.			

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1935, to Oct. 4, 1935.  
 I last saw her alive on Oct. 4, 1935. Death is said to have occurred on the date stated above, at 9:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Apoplexy  
151  
 Other contributory causes of importance:  
Hypertension, Uremia,  
Chronic Int. Nephritis.

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? No (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. P. Chapman M. D.  
 (Address) Joplin, Missouri

