

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

Do not use this space.

33720

1. PLACE OF DEATH *OCT 28 1935*
 County *Ray* Registration District No. *744*
 Township *Richmond* Primary Registration District No. *5976B*
 City *South Point* (No. _____) St. _____ Ward _____
2. FULL NAME *Chester Lee Mc Minnis*
 (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 <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <i>Velma C. Mc Minnis</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 28 / 1892</i>				
7. AGE	YEARS <i>43</i>	MONTHS <i>1</i>	DAYS <i>4</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>			
	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) <i>Mo.</i>				
MOTHER	13. NAME <i>Ned Mc Minnis</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>			
	15. MAIDEN NAME <i>Carrie Mitchell</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>			
17. INFORMANT (ADDRESS) <i>Ned Mc Minnis, South Point, Mo.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>South Point</i> DATE <i>10-4-1935</i>				
19. UNDERTAKER (ADDRESS) <i>C. M. Gorman, Richmond, Mo.</i>				
20. FILED <i>10-10-1935</i> <i>E. E. Day</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 2, 1935*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *10:35 a.m.*

The principal cause of death and related causes of importance were as follows:
Accidentally killed by slide of dirt edging top of bridge he was at work on bridge.

Other contributory causes of importance:
None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *Accident* Date of injury *Oct 2, 1935*
 Where did injury occur? *near bridge*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. *Industry*

Manner of injury *Crushed by dirt*
 Nature of injury *Crushed by dirt*

24. Was disease or injury in any way related to occupation of deceased? *Yes*
 If so, specify *Working to remove dirt*

(Signed) *E. E. Day* M. D.
 (Address) *Ray Mo*

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.

