

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.

DEC 26 1935

35994

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Law Primary Registration District No. 1002
City H.C. No. (No. 4516 Normal)

File No.
Registered No. 4212 St. Ward)

2. FULL NAME

Florence J. Minard
(a) Residence, No. 4516 Normal 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 <u>Female</u>	4. COLOR OR RACE <u>wh</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>Stephen J. Minard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE	YEARS	MONTHS
	<u>63</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>		
13. NAME <u>John McFarland</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>		
15. MAIDEN NAME <u>no record</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>		
17. INFORMANT <u>Stephen J. Minard</u> (ADDRESS) <u>4516 Normal</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>West Haven Mich</u> DATE <u>11-4th, 1935</u>		
19. UNDERTAKER <u>ma C. S. Forster</u> (ADDRESS) <u>H.C. No.</u>		
20. FILED <u>Nov 4, 1935</u> M. M. Cronin Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1935, to Nov 3, 1935.
I last saw her alive on Nov 3, 1935. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset

Other contributory causes of importance:
Arteriosclerosis

Name of operation none 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? 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? no.
If so, specify
(Signed) J. P. Bae, M. D.
(Address) 1102 2nd

47th & Frost.

9:30 Am
4917 College.