JAN 13 1936

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

Do not use this space.

40979

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1. PLACE OF DEATH
County St. Louis — Registration District No. 1008 — File No. 10105
Township — Primary Registration District No. — Registered No.
City St. Louis (No. Dec. Loge Hosp. St. Ward)

2. FULL NAME Joe Miner
(a) Residence, No. Winona Mo St., N R Ward. Winona, Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 - 1919

7. AGE: 15 YEARS — MONTHS: 11 — DAYS: 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Missouri

FATHER
13. NAME Henry Miner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Pearl Miner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Henry Miner Winona Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Farmington Mo DATE Dec 3 1935

19. UNDERTAKER (ADDRESS) Mc Laughlin 2301 Lafayette Ave

20. FILED DEC - 2 1935 J A Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1935, to Dec. 1, 1935.
I last saw him alive on Nov. 30, 1935. Death is said to have occurred on the date stated above, at 7 45 A m.
The principal cause of death and related causes of importance were as follows:

Bilateral purulent arthritis of hip and osteomyelitis of surrounding bones. Osteomyelitis non TB non traumatic.

Date of onset

Other contributory causes of importance: Toxemia & anemia

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Name of operation Drainage of both hips Date of 11/7/35 11/21/35
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) B. L. Sinner, M. D.
(Address) Firmin Desloge Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2 100M-3-28-35