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.

APR 13 1936

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

Do not use this space.

12227

1. PLACE OF DEATH
County St. Louis Co. Registration District No. 333
Township Ferguson Town Primary Registration District No. 4468
City S. Kinlock Mo. No. ..... St. ..... Ward)

File No. .....
Registered No. 58

2. FULL NAME Mrs Mollie McMinn
(a) Residence, No. 7 Irvington ave 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 Female
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 - 1881

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| 55 | 1936 | 7 | 8 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) La

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Alice Powell
(ADDRESS) 7 Irvington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Mar 30 1936

19. UNDERTAKER Manuel Undt Co
(ADDRESS) 4059 Finney ave

20. FILED 3/29 1936 W A Zeitler Registrar.
Per C. Smith

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-24- 1936 to 3-26- 1936
I last saw her alive on 3-26- 1936 Death is said to have occurred on the date stated above, at 6:11 pm.
The principal cause of death and related causes of importance were as follows:

Date of onset

apoplexy,
(Cerebral hemorrhage)

Other contributory causes of importance: High blood pressure.

Name of operation ..... 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. L. Dorsey, M. D.
(Address) 45 [illegible] Ave. S. Kinlock Pony Mo.

3718-Jenner road

J. S. Dorsey M.A.