

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.

JUL 24 1936

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. Vineyard Park Hospital)

File No. 23079
Registered No. 3012
St. 12 Ward

2. FULL NAME

Claude G. Minter

(a) Residence, No. 2406 East 35th St. St., Ward.

(Usual place of abode) 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. (If nonresident, give city or town and State)

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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 4, 1883

7. AGE YEARS 53 MONTHS 4 DAYS 21 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

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) Kansas City Missouri

13. NAME Claude W. Minter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Martha Carmack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) John Harry Kroger 3235 Gillham Pl

18. BURIAL, CREMATION, OR REMOVED PLACE Kansas City, Mo. DATE June 25, 1936

19. UNDERTAKER (ADDRESS) Stine & McClure 3235 Gillham Pl

20. FILED June 26, 1936 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr - 15 - 1936, to June 25 - 1936

I last saw h. alive on June 27 - 1936 Death is said

to have occurred on the date stated above, at A. 11:40 m.

The principal cause of death and related causes of importance were as follows:

Retropneumothorax
Sarcosine J. - 1935

Date of onset

Other contributory causes of importance:

Sarcosine of vertebrae 1-1933
Primary

Name of operation Retropneumothorax Date of June 25 - 1936

What test confirmed diagnosis? Was there an autopsy?

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) J. S. Hildon, M. D.

(Address) 922 W. 12th

K.C. Mo.

