

JUL 25 1936

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

23861

1. PLACE OF DEATH

County Jhelps  
Township  
City Rolla (No. .... St. .... Ward)

Registration District No. 677  
Primary Registration District No. 4403

File No. ....  
Registered No. 77

2. FULL NAME

Mrs Minerva Datson

(s) 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18, 1876 (1870)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 9 5

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

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) Bland Mo.

13. NAME Thomas Brauson

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

15. MAIDEN NAME Elizabeth Haynes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bland Mo

17. INFORMANT Ervin Datson  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla Mo. DATE 6/24 1936

19. UNDERTAKER Mrs Harry McClaw  
(ADDRESS) Rolla Mo

20. FILED June 24 1936 Joe F. Cypers  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/23 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20 1936 to June 23 1936  
I last saw h<sup>e</sup> alive on June 23 1936 Death is said to have occurred on the date stated above, at 2:30 pm

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

Carcinoma of Liver Date of onset 2 years

Other contributory causes of importance:

Name of operation None Date of None  
What test confirmed diagnosis? biopsy 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) William St. Brewer, M. D.

(Address) St. James, Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
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.

