

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 18 1936

43938

1. PLACE OF DEATH
County Bullitt Co. Registration District No. 425
Township Whit Hill Primary Registration District No. 5134 C
City.....(No).....St.Ward)
2. FULL NAME Mary Minks
(a) Residence, No.....St.,.....Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1936

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

22. I HEREBY CERTIFY that I attended deceased from Oct 29, 1936 to Dec 2, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

I last saw her alive on Oct 29, 1936 Death is said to have occurred on the date stated above, at 8 A. M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
about 65 - - -

The principal cause of death and related causes of importance were as follows:
Cancer of stomach. Date of onset July 1936

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Keeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

Other contributory causes of importance:
W

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

Name of operation None Date of U

MOTHER FATHER 13. NAME unknowns

What test confirmed diagnosis? By Was there an autopsy? no

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

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury....., 19.....
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no

15. MAIDEN NAME By

Manner of injury no

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

Nature of injury no

17. INFORMANT Hosea Earls

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) Raydon Coulton, M. D.
(Address) Malden

18. BURIAL, CREMATION, OR REMOVAL PLACE Mole Hill DATE 12/8, 1936

19. UNDERTAKER (ADDRESS) Landers Funeral Home
Campbell no

20. FILED 12/3, 1936 EW Landers, Registrar.

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township Ash Hill
City _____ (No. _____, _____ St. _____ Ward)

Registration District No. 925
Primary Registration District No. 3134c

File No. _____
Registered No. _____

2. FULL NAME Mary Minns

(a) 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1936 to Dec 2, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UK

I last saw him alive Oct 29, 1936 Death is said to have occurred on the date stated above, at 8 A. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) _____ Total time (years) spent in this occupation _____

Cancer of stomach Date of onset July 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. Ind.

Other contributory causes of importance: None

13. NAME UK

Name of operation None Date of _____

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

What test confirmed diagnosis? Truay Was there an autopsy? no

15. MAIDEN NAME UK

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19 _____

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

Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Rosea Farla

Manner of injury no

18. BURIAL, CREMATION, OR REMOVAL PLACE Male Hill DATE 12-4-36

Nature of injury no

19. UNDERTAKER (ADDRESS) Landers Funeral Home Campbell

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

20. FILED 3-10-37 Iloper Parker Registrar.

(Signed) Graydon Charleton, M. D.
(Address) Malden no

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.

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