

MAR 13 1937

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

Do not use this space.

6411

1. PLACE OF DEATH
 County Jackson Registration District No. 299
 Township Kear Primary Registration District No. 1002
 City McCmo No. 2400 610 St. _____ Ward _____

2. FULL NAME Mary Minor
 (a) Residence, No. Tracy mo 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 1880

7. AGE	YEARS <u>56</u>	MONTHS <u>8</u>	DAYS <u>28</u>	If LESS than 1 day, hrs. or min.
--------	-----------------	-----------------	----------------	--

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1937

22. I HEREBY CERTIFY, that I attended deceased from Feb 10, 1937, to Feb 11, 1937. I last saw her alive on Feb 11, 1937. Death is said to have occurred on the date stated above, at 10:02 a.m.

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

Cir. Lateral Bronchial Pneumonia Date of onset about 2/5/37

Other contributory causes of importance: no

Name of operation _____ Date of _____
 What test confirmed diagnosis? Symptoms 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. B. Donaldson, M. D.
 (Address) 714 Bryant Bldg

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

13. NAME Lewis Krueger

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

15. MAIDEN NAME Sophie Rhodie

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

17. INFORMANT Freda Patter
 (ADDRESS) 2400 East 12th St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Auburn Cem. DATE Feb-13-37

19. UNDERTAKER Mrs. E. L. Carter
 (ADDRESS) 418 Broadway, av.

20. FILED 2-12-37 M. M. Crowe Registrar.

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.

275 57 53 8 28 10 10 10

Newbern Hotel

Va- 7221

Vi 8530

244 Bryant