MAR 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Washington — Registration District No. 994 — File No. 9283

Township Richwoods — Primary Registration District No. 6198 — Registered No.

City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME Charley Miner

(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

3. SEX: Male
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 Mary Miner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1885

7. AGE: YEARS 51 — MONTHS 9 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Reynolds County, Mo.

FATHER

13. NAME James Miner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER

15. MAIDEN NAME Martha Brooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mary Miner St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Clair, Mo. DATE Jan. 3, 1937

19. UNDERTAKER (ADDRESS) Wm. Casey & Co. St. Clair, Mo.

20. FILED Jan 8, 1937 O W Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from No Physician, 19....
I last saw h..... alive on never, 19.... Death is said to have occurred on the date stated above, at 1 A. m. ?
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis, Coroners inquest

Date of onset

Other contributory causes of importance: 93C

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) Joseph L. Thurman, Coroner, M. D.
(Address) Potosi, Mo.

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.