

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

Do not use this space.

MAY 31 1937

17220

1. PLACE OF DEATH

County *Pettis*
Towship *Sedalia*
City *Sedalia* (No. *405 W. 4th*)

Registration District No. *168*
Primary Registration District No. *3232*

File No. *123*
Registered No. *668*
St. _____ Ward _____

2. FULL NAME

Eva H. Minoek

(a) Residence, No. *405 W. 4th* St., _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *15* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 2 - 18 - 1879*

7. AGE YEARS MONTHS DAYS IF LESS than day, hrs. or min.
58 10 14

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) *Michigan*

13. NAME *John K. Minoek*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Michigan*

15. MAIDEN NAME *Eliza K. Sealy*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Michigan*

17. INFORMANT (ADDRESS) *Mrs. Irene M. Bernard 405 W. 4th St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Apr. 19 - 1937*

19. UNDERTAKER (ADDRESS) *McLaughlin Bros Sedalia*

20. FILED *4-16-1937* *Jean Slack* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 16 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 15*, 19*37*, to *April 16*, 19*37*. I last saw *her* alive on *April 16*, 19*37*. Death is said to have occurred on the date stated above, at *1 P.M.*

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

*Chronic myocarditis
Chronic interstitial nephritis
low K₂O*

Other contributory causes of importance:
*Arteriosclerosis of aorta - from old
poor circulation of heart
& long standing disease*

Name of operation _____ Date of _____
What test confirmed diagnosis *Chronic* Was there an autopsy *Yes*

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? *Yes*
If so, specify _____

(Signed) *Chas. J. ...*, M. D.
(Address) *Sedalia, Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Physicians should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. OCCUPATION is very important.

