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.

MAY 31 1937

1. PLACE OF DEATH
County: Shannon
Township: Spring valley
City: (No. ..... St. ..... Ward)

Registration District No. 1077
Primary Registration District No. 6088

File No. 17743
Registered No. 11

2. FULL NAME: Minerva Katherine Terrill

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 12. 1874

7. AGE: Years 63 Months 6 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Crawford co Mo.

FATHER
13. NAME: Jno. Counts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Jane Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): A. M. Terrill Summersville Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Summersville DATE: 4-12-1937

19. UNDERTAKER (ADDRESS): none.

20. FILED 4/12 1937 J. B. McDowell M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-1-, 1934 to 4-11-, 1937

I last saw h. alive on 4-6-, 1937 Death is said to have occurred on the date stated above, at 4 A m.

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

	Date of onset
Influenza 3 d	
2 d	

Other contributory causes of importance: Cirrhosis of liver

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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) C. R. Terrill, M. D.
(Address) Mitn View Mo.