

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Dexter
Township Copper
City Washington No. 100 (No.)

Registration District No. 3102
Primary Registration District No. 3429A

File No. 34199
Registered No. 123
St. Ward)

2. FULL NAME

Robert Sauld Minkner
(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 Male 4. COLOR OR RACE White 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) July 11-1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 2 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) Darlington Mo

MOTHER 13. NAME George Minkner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Mo

15. MAIDEN NAME Rebecca Redding

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Darlington Mo

17. INFORMANT Mrs. Rebecca Minkner (ADDRESS) Darlington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview DATE Sept 26 1937

19. UNDERTAKER Brooks Funeral Home (ADDRESS) Union Mo

20. FILED Sept 26 1937 Walter David Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 24 1937

22. I HEREBY CERTIFY, that I attended deceased from Sept 21 to Sept 24, 1937
I last saw him alive on Sept 24, 1937. Death is said to have occurred on the date stated above, at 11:15 AM.
The principal cause of death and related causes of importance were as follows:

Peritonitis
perforated appendix
Other contributory causes of importance: 22
Pulmonary tuberculosis 1936
Date of onset 9/20/37

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) W. B. Blacklock M. D.
(Address) Union City, Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

