

DEC 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Dallas
Township Jackson
City Red Top (No., St. Ward)

Registration District No. 243
Primary Registration District No. 5334

File No. 41103
Registered No.

2. FULL NAME

Minerva Heumaker
(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 76 7 13

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

13. NAME Wm Brundidge

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

15. MAIDEN NAME Mary J. Foster

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

17. INFORMANT (ADDRESS) George Brundidge Red Top Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin County DATE Nov 10 1937

19. UNDERTAKER (ADDRESS) R. E. Smith Buffalo Mo

20. FILED Nov 14 1937 Mrs J N Shermetzer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-8-1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

Died without medical attention
 arterial sclerosis

Other contributory causes of importance:

Name of operation Date of AM

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 arterial sclerosis
(Signed) R. E. Smith M. D.

(Address) Buffalo Mo.

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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.

