REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH
County Cooper — Registration District No. 218 — File No. 6550
Township Clarks Fork — Primary Registration District No. 5307 — Registered No. 21
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mrs Minnie Twillman. 455

(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: Female
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: Henry Twillman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 2-1885

7. AGE: YEARS 52 — MONTHS 4 — DAYS 6 — 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.: At Home.
10. Date deceased last worked at this occupation (month and year): Jan-1938
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper County Mo

FATHER
13. NAME: Wm Kahle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

MOTHER
15. MAIDEN NAME: Johanna Kunrath
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

17. INFORMANT (ADDRESS): Henry Twillman Bunceton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lone Elm Lutheran Church Cem. DATE: Feb 11 1938

19. UNDERTAKER (ADDRESS): Goodman & Boller Boonville, Mo

20. FILED: Feb 10, 1938 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 8th, 1938

22. I HEREBY CERTIFY, That I attended deceased from The past, 1910, to Jeno, 19....
I last saw her alive on Feb 8 - 1938. Death is said to have occurred on the date stated above, at 7:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aorta Bronchitis about 106 A	2/1/38

Other contributory causes of importance:
Arthritis about 10 years ago

Name of operation: none — 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) R. Kelly, M. D.
(Address) Bunceton, 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.