

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

39834
Do not use this space.

1. PLACE OF DEATH ² **DEPT DEC 1 1938**

(a) County Moniteau Registration District No. 575
 (b) Township Willow Fork Primary Registration District No. 4339
 (c) City Lipton (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Marvin Minor
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Bertha Minor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) 11-9-38 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Harvard Co. (STATE OR COUNTRY) Missouri

FATHER

13. NAME Frank Minor
 14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME Nancy Jennings
 16. BIRTHPLACE (CITY OR TOWN) Harvard Co. (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Bertha Minor
Lipton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE So. E. Lipton DATE 11-11-1938

19. FUNERAL DIRECTOR (NAME) Jessie E. Richards (ADDRESS) Lipton Mo

20. FILED 11-10-38 Mrs. Sarah Fry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-10-, 1938, to 11-10-, 1938
 I last saw him alive on 11-10-, 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? None 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? no
 If so, specify _____
 (Signed) J. B. Norman, M. D.
Lipton 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *me*

....., Registered Apprentice No.
working under my personal supervision.

Signed *Jessie E. Richards*
Licensed Embalmer No. *2466*
P. O. Address *Lipton, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.