

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

2102  
Do not use this space.

REC'D FEB 21 1939

**1. PLACE OF DEATH**

(a) County COOPER Registration District No. 225  
 (b) Township SALINE Primary Registration District No. 5306 Registered No. 1  
 (c) City BOONVILLE (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** Mrs. MINNIE TINDALL

(a) Residence, No. Gooch's Mill, Missouri 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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Milton Tindall  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 17-1858  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
80 0 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper  
 10. Date deceased last worked at this occupation (month and year) Dec. 1938 11. Total time (years) spent in this occupation Life

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

13. NAME James Turner

14. BIRTHPLACE (CITY OR TOWN) Cooper County Missouri  
 (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY)

17. INFORMANT Albert Tindall  
 (ADDRESS) Gooch's Mill, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Boonville, Mo. DATE Jan. 15 1939

19. FUNERAL DIRECTOR (NAME) STEGNER & KOENIG  
 (ADDRESS) BOONVILLE

20. FILED Jan 18 1939 W. H. Hooper  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 10 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-8 1939 to 1-10 1939

I last saw her alive on 1-9 1939 Death is said to have occurred on the date stated above, at 2:30 Pm.

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

Influenza Date of onset 1/6/39

Other contributory causes of importance: As shown

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) A. H. W. [Signature] M. D.

(Address) Boonville, 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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 2/7/39

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

Signed *James W. Stegner*  
Licensed Embalmer No. *3786*  
P. O. Address *Boonville, 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.**