

1939 MAR 16 1939

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

Do not use this space.

1. PLACE OF DEATH

21
30

County Chariton
Township Westfield
City St. Louis (No. 50)

Registration District No. 171
Primary Registration District No. 4100

File No. 6199
Registered No. 5
St. _____ Ward _____

2. FULL NAME

(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

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 Rannie Minor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8th 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
76 11 3

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) Randolph County, Mo

FATHER 13. NAME John Minor

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo

MOTHER 15. MAIDEN NAME Mary Cook

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo

17. INFORMANT Mrs Pearl Stearns (ADDRESS) Raytown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Raytown Mo DATE Feb 12 1939

19. UNDERTAKER Walter Barnett (ADDRESS) Raytown Mo

20. FILED 7-15-39 1939 Mrs Ray Samuels Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1939, to Feb 10 1939. I last saw him alive on Feb 10 1939. Death is said

to have occurred on the date stated above, at 10:30 P.M.

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

Chronic myocardial degeneration Date of onset _____

Other contributory causes of importance: bronchial asthma

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? no

If so, specify _____

(Signed) Ralph Carlant M. D.

(Address) Raytown 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

3/9/39

Date Filed