REC'D AUG 18 1939

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

Do not use this space.

26077

1. PLACE OF DEATH
County La Fayette 1 Registration District No. 461 File No. 54
Township Sexington Primary Registration District No. 5625 Registered No.
City (No. , St. Ward)

2. FULL NAME 526 Minerva Minger

(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 4, 1855
7. AGE: YEARS 84 MONTHS 4 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Spinster.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: house work
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): Indiana 1

FATHER
13. NAME: Benjamin Minger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 1

MOTHER
15. MAIDEN NAME: Elizabeth ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): County farm record.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Waverly Mo DATE July 7 1939
19. UNDERTAKER (ADDRESS): Duensing Funeral Home Wellington Mo
20. FILED Aug 1 1939 Delia Bates, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to July 3, 1939
I last saw her alive on July 3, 1939 Death is said to have occurred on the date stated above, at 12:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
paralysis. Sclerosis of Cord	1935

Other contributory causes of importance:
edema of lungs

Name of operation 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) A. D. Johnston, M. D.
(Address) Corder 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.

ECEIVED
strict Health Officer No. 8,
strict File Number
ate Filed 8/11/39