

REC'D SEP 20 1939

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

28966

Do not use this space.

1. PLACE OF DEATH

(a) County COOPER Registration District No. 218
(b) Township _____ Primary Registration District No. 3013
(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

MINERVA JANE ROLLINS
(a) Residence, No. TENTH STREET St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 JAMES ROLLINS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 28 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 11 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT
9. Industry or business in which work was done, as saw mill, bank, etc. HOME
10. Date deceased last worked at this occupation (month and year) AUG - 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) COOPER COUNTY MISSOURI

FATHER 13. NAME SILAS NELSON
14. BIRTHPLACE (CITY OR TOWN) COOPER COUNTY MISSOURI

MOTHER 15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) _____

17. INFORMANT (ADDRESS) JAMES ROLLINS BOONVILLE, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE CITY CEMETERY DATE AUG. 10 1939

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

20. FILED 8-11, 1939 W. Hooper 1937
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1939, to Aug 7, 1939

I last saw him alive on Aug 7, 1939. Death is said to have occurred on the date stated above, at 7 PM.
The principal cause of death and related causes of importance were as follows:

Acute Fistula of the Rectum Date of onset July 29
Large Abscess 1939
Cellulitis

Other contributory causes of importance: _____

Name of operation Opened fistula Date of Aug 7, 1939
What test confirmed diagnosis? clinical 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) J. C. Fincher, M. D.
(Address) Boonville, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9/18/39

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.

3780

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.