

NOV 27 1939

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

Do not use this space.

1. PLACE OF DEATH

County Christian Registration District No. 183
Township Porter Primary Registration District No. 6-204
City (No. _____) St. _____ Ward _____

File No. 35804
Registered No. 18

2. FULL NAME

(a) Residence, No. 714 N. Mo 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luella Wiley Minear

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 1 25

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orthopedic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Orthopedic Dr.
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

MOTHER FATHER
13. NAME Charles W. Minear

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER FATHER
15. MAIDEN NAME Katherine Moberley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) C. W. Minear

18. BURIAL, CREMATION, OR REMOVAL PLACE Wear DATE Oct. 27, 1939

19. UNDERTAKER (ADDRESS) T. B. Chaffin

20. FILED Nov. 9, 1939 Ida B. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1939, to Oct. 24, 1939.
I last saw him alive on Oct. 19, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

Org again down 7 feet
Do not know date of onset
My patient when saw him first
Arteriosclerosis. Heart & kidney

Other contributory causes of importance:
Prostatic hypertrophy

Name of physician _____ 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) H. P. Hanson, M. D.
(Address) Nixa, 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.

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RECEIVED

District Health Officer No: 81

District File Number 1139-2347

Date Filed NOV 13 1939