

FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH10239
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township..... Primary Registration District No. 1007
 (c) or St. Joseph (d) Street No. 610 E. Kansas Ave. St.
 City..... (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 12 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

552 Minnie Timmons
 (a) Residence, No. 610 E. Kansas Ave. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. L. Timmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 6 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Star County
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME Thomas Graves
 14. BIRTHPLACE (CITY OR TOWN) Star County
 (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Margaret Jane Caldwell
 16. BIRTHPLACE (CITY OR TOWN) Star County
 (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mr. Clifford Coffey
610 E. Kansas Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Cem DATE March 22, 1940

19. FUNERAL DIRECTOR (NAME) Clark Mortuary
 (ADDRESS) 5025 King Hill Ave.

20. FILED MAR 22 1940 A. J. Neettlebaum
a Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2/15, 1940, to 3/19, 1940

I last saw her alive on 3/18, 1940 Death is said to have occurred on the date stated above, at 12:15 AM

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

Bronchial Asthma
Bilateral

Date of onset

2/19/40

Other contributory causes of importance: 11/2

Name of operation None Date of.....
 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? No 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. None

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. Stamey M. D.

85 (Address) St. Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

2624 of 900.

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, ~~on~~ March 19, 1940

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

Signed *Evelyn Clark*.....

Licensed Embalmer No. 3476.....

P. O. Address St. Joseph.....

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.