

FILE JUN 14 1940

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

18110
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 139
(b) Township Hill, 2 Primary Registration District No. 5252 Registered No. _____
(c) City Tina, Missouri. (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

520 Martha Minnis,
(a) Residence, No. Tina, Missouri RFD# _____ 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 F 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 John Minnis,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
94 1 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper.
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) Mandiville,
Missouri, Carroll Co.

FATHER: 13. NAME George W. Hill,

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

MOTHER: 15. MAIDEN NAME Susan Suggs,

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

17. INFORMANT (ADDRESS) Mrs Della Johnson,
Tina, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Mound, DATE May 4th, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clifford W. Austin
Tina, Missouri.

20. FILED May 4, 1940 Phineas
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2nd 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1939 to May 1940
I last saw her alive on May 1940 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis

9412

Date of onset May 11, 1940

Other contributory causes of importance: _____

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) Dr. Everett L. Smith M.D.

(Address) Tina, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
6-12-40
Date Filed

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.....

Clifford W. Austin,

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clifford W. Austin
Clifford W. Austin,
Licensed Embalmer No. 3233

P. O. Address..... Tina, Missouri.

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.