30-9 Dr Miller
11-12 OCT 31 1930
10-27

82
5
4

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

Do not use this space.

30785

File No.
Registered No.

1. PLACE OF DEATH
County: Pike
Township: Buffalo
City: Louisiana (No. Pike Co. Hosp St. Ward)
Registration District No. 689
Primary Registration District No. 3033

2. FULL NAME Sarah Ella Minor
(a) Residence. No. North River Front 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: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12/11/11

7. AGE: Years 18 | Months 10 | Days 27 | If LESS than 1 day, ...hrs. or ...min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: ✓
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Mo Pike Co
(STATE OR COUNTRY): Ill

PARENTS
10. NAME OF FATHER: Ed Minor
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Del
12. MAIDEN NAME OF MOTHER: Bernice Messick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ill

14. INFORMANT: Mrs Ed Minor
(Address): Louisiana Mo

15. FILED 9/8/1930 J C Nacy Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9-8 1930

17. I HEREBY CERTIFY, That I attended deceased from 9-7, 1930 to 9-8, 1930 that I last saw her alive on 9-8, 1930, and that death occurred, on the date stated above, at 7.45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Puerperal Septicemia
1 wk
3 hr (duration) ...yrs. ...mos. 4 ds.
CONTRIBUTORY (SECONDARY): Abortion
(duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED: Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) L A Miller, M. D.
9/8, 1930 (Address) Louisiana Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Riverview Louisiana Mo
DATE OF BURIAL: 9/10 1930

20. UNDERTAKER: J C Nacy Jr
ADDRESS: Louisiana

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.

52
19
152
6
4054
9
31