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

Do not use this space.

File No. 8531

Registered No.

1. PLACE OF DEATH
County: Texas — Registration District No. 867
Township: Roubidoux — Primary Registration District No. 6147
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Minerva Ann Williams

(a) Residence, No. ..... 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: Female
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: William Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 12, 1850

7. AGE: Years 80 — Months 8 — Days 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation: 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

FATHER

13. NAME: Hanse Chaffin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Elizabeth Cantrell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT: Wm. J. Moore
(ADDRESS) Plato Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Palace DATE: 2-12, 1931

19. UNDERTAKER: None
(ADDRESS)

20. FILED: 2-12, 1931 R. B. Tilley
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1931, to Feb 11, 1931
I last saw her alive on Feb 11, 1931. Death is said to have occurred on the date stated above, at 8 00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
11A Bronchial	2-9
107A	
Influenza	2-5

Other contributory causes of importance:

Name of operation ..... 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) Robert B. Tilley, M. D.
(Address) Plato, 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.

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