

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.

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

Do not use this space.

41235

PLACE OF DEATH: Jackson
 County: Jackson Registration District No. 400
 Township: Little Blue Primary Registration District No. 555313
 City: Little Blue (No. Jackson Co Home) St. _____ Ward _____

2. FULL NAME: M. W. Minison
 (a) Residence, No. J.C. Home 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-14-1880

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.
51 7 27

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: unknown
 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): Nebraska

FATHER
 13. NAME: Chas. Luksgaard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Neb

MOTHER
 15. MAIDEN NAME: unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): W. H. Astetter J.C. Home
 18. BURIAL, CREMATION, OR REMOVAL PLACE: Memorial Park DATE: 12-3-31
 19. UNDERTAKER (ADDRESS): Reveries & Sons
 20. FILED: 12-3-31 William Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-1-31
 22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1931, to 12-1, 1931.
 I last saw him alive on Nov 30, 1931. Death is said to have occurred on the date stated above, at 1:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Epilepsy
 Other contributory causes of importance: _____
 Name of operation: _____ 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? _____ 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.
Jackson Co Home
 Manner of injury: _____
 Nature of injury: _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. G. Green M. D.
 (Address) Independence Mo

