MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County Pike — Registration District No. 682 — File No. 6056
Township Salt River — Primary Registration District No. 5901 — Registered No.
City (No. , St. Ward)

2. FULL NAME Minerva Ann Early
(a) Residence, No. Near Ashburn Mo 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2/26/78

7. AGE: YEARS 54 — MONTHS 11 — DAYS 16 — 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.
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): Pearl Ill

FATHER
13. NAME: Dave Hess
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

MOTHER
15. MAIDEN NAME: ~~[illegible]~~ Mary Ellen Gill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT (ADDRESS): Jake Hess Ashburn Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashburn Mo DATE 2/12 1934

19. UNDERTAKER (ADDRESS): K Haley Louisiana Mo

20. FILED , 19 G. Lewis Stephens Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/10 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-9, 1934, to 2-10, 1934
I last saw her alive on 2-9, 1934. Death is said to have occurred on the date stated above, at 12 05 m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage due to a stick of wood flying from a wood saw at hitting on head
Date of onset
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?
If so, specify
(Signed) O W Sandgrass, M. D.
(Address) Frankford Mo