

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Dekalb
Township Dallas
City (No. _____) _____ St. _____ Ward _____

Registration District No. 259
Primary Registration District No. 5366

File No. 12397
Registered No. _____

2. FULL NAME Thomas Allen Minor

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Elizabeth Minor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14-1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 6 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Daviness Co

13. NAME George Washington Minor

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

15. MAIDEN NAME Sarah Catheryn Caldwell

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

17. INFORMANT (ADDRESS) E. J. Minor R.F.D. # 1 Weatherby, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE 4/25/34

19. UNDERTAKER (ADDRESS) Estromer Pattonsburg, Mo

20. FILED 4/23/34 19 Mar. Hattie Gibson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1934 to April 22, 1934
I last saw him alive on April 22, 1934 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:
Acute Lobar Pneumonia Date of onset 4/17

Other contributory causes of importance:
Influenza

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) J. Frank Hedges, M. D.
(Address) Pattonsburg

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.

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