

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

Do not use this space.

1 OCT 15 1934

1. PLACE OF DEATH

County Grundy
Township Trenton
City Trenton (No. _____)

Registration District No. 328
Primary Registration District No. 3017

File No. 32577
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Minnie Freshert
(a) Residence, No. 102 West 20th St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 33 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-29 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1933 to Sept 29 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6 - 1862

I last saw him alive on Sept 29 1934 Death is said to have occurred on the date stated above, at 1 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 7 22

The principal cause of death and related causes of importance were as follows:

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

Cardiac disease Chron Date of onset 1933
IC valvular, mitral

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 _____

Other contributory causes of importance _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME William D. McDonald

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? Yes

15. MAIDEN NAME Sallie Ann Moor

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT F. M. Freshert
(ADDRESS) Trenton, Missouri

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Grove Trust DATE Oct. 1st 1934

19. UNDERTAKER Bernard C. Davis No. 8216
(ADDRESS) Trenton, Mo

20. FILED 9 29 1934 J. Edward Fair
Registrar.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
(Signed) J. Edward Fair, M. D.
(Address) Trenton Mo

RECORD OF DEATHS IN plain terms, so that it may be properly classified. Exact statement.

