

NOV 9 1934

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

Do not use this space.

1. PLACE OF DEATH

County Cole Registration District No. 213 File No. 35571
Township Jefferson Primary Registration District No. 3014 Registered No. 288
City Jefferson (No. _____) St. _____ Ward _____

2. FULL NAME Louis Franklin Minor

(a) Residence, No. Jefferson City, 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 Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7th, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>42</u>	<u>4</u>	<u>11</u>	

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) Russellville (STATE OR COUNTRY) Missouri

13. NAME William S. Minor

14. BIRTHPLACE (CITY OR TOWN) Russellville (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Lucy E. Hodges

16. BIRTHPLACE (CITY OR TOWN) Russellville (STATE OR COUNTRY) Missouri

17. INFORMANT Wade Minor (ADDRESS) Olean, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Russellville, Cem. DATE Oct. 20th 1934

19. UNDERTAKER G. N. Steffens (ADDRESS) Russellville, Mo.

20. FILED 10/20/1934 Robert M. W. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-18-1934 1934

22. I HEREBY CERTIFY, That I attended deceased from I did not attend deceased., 1934

I last saw h. _____ alive on _____, 1934. Death is said to have occurred on the date stated above, at 6 P.M.

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

Wound in forehead self inflicted with a 32 Cal, revolver

Date of onset

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 10-18-34

Where did injury occur Jefferson City, Cole, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Home of Mrs. Pauline Gibbs
Manner of injury Self inflicted with revol
Nature of injury Bullet penetrated the brain

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

If so, specify (Signed) D. R. E. Weaver (Address) Russellville 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.

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In the year 1911

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