

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.

26195

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. _____
Township _____ Primary Registration District No. _____ Registered No. 384
City Springfield (No. 1165 N. Park Ave) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1165 N. Park Ave 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nancy J. Minor</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 18 1854</u>		
7. AGE	YEARS	MONTHS
	<u>81</u>	<u>1</u>
		DAYS
		<u>30</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>On farm</u>	
	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) <u>Mo</u>		
FATHER	13. NAME <u>Augustus Minor</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carolina</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Trautman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Lee Wheeler, Oakland Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Eden Burial Cemetery</u> DATE <u>Aug 22 1935</u>		
19. UNDERTAKER (ADDRESS) <u>J. W. Shugart, No. 1165 N. Park Ave, Springfield, Mo.</u>		
20. FILED <u>8 22 1935</u> <u>Rob Langston</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/21 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/18 1935, to 8/21 1935
I last saw him alive on 8/21 1935. Death is said to have occurred on the date stated above, at 12:00 NOON m.
The principal cause of death and related causes of importance were as follows:
Biliary Stone in Common Duct
Date of onset _____

Other contributory causes of importance:
Chronic Myocarditis

Name of operation none 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. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) R. Ned White M. D.
(Address) 222 1/2 E Commercial

