DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH Greene
County Greene
Registration District No. 318
Township
Primary Registration District No. 2001
City Springfield (No. Spgfld Hosp St. Ward)
File No. 40938
Registered No. 0914

2. FULL NAME Maryvan Minor
(a) Residence, No. Springfield Baptist Hosp St. Ward. Hollister Mo
(Usual place of abode) Springfield Baptist
(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 X F
4. COLOR OR RACE W W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Girl
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1925 June 23 - 1925
7. AGE ✓ YEARS 11 - 11 MONTHS 4 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child Child
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) Jones Ore. Jones Ore.

FATHER
13. NAME Ellis Minor Ellis Minor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ore Ore

MOTHER
15. MAIDEN NAME Grace Vanscoter Grace Vanscoter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ore Ore

17. INFORMANT (ADDRESS) Ellis Minor Hollister Mo Hollister Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE R. O. Whelchel DATE 11/6 1936
19. UNDERTAKER (ADDRESS) R. O. Whelchel Bronson Mo
20. FILED 11-5- 1936 Chas A George Mo Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 - 1936 Nov - 5, 1936
22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1936 to Nov 5, 1936
I last saw her alive on Nov 5 36 3 P. M., 1936 Death is said to have occurred on the date stated above, at 4:45 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	
Rupt appendix	

Other contributory causes of importance:

Name of operation none 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) Hollis Smith, M. D.
(Address) Springfield 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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