

FEB 16 1937

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

Do not use this space.

445

1. PLACE OF DEATH
 16 County Cape Girardeau, Registration District No. 125 File No. _____
 1 Township Cape, Primary Registration District No. 3009 Registered No. 7
 8 City Cape Girardeau, (No. _____) St. _____ Ward _____

2. FULL NAME Sarah Minter, South East Mo. Hospital,
 (a) Residence No. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec, 8th 1907.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
29 7 26

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House Keeper,
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Fortworth Tex, (STATE OR COUNTRY) _____

10. NAME OF FATHER Robert Hill,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

12. MAIDEN NAME OF MOTHER Dont Know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan, 3RD 19 37

17. I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1937, to Jan 3rd, 1937, that I last saw h. per. alive on Jan 3rd, 1937, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Peritonitis,
suppurative appendicitis
 (duration) _____ yrs. _____ mos. 14 da.

CONTRIBUTORY (SECONDARY) surgical shock,
 (duration) _____ yrs. _____ mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED Codge, Mo.
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 2nd/37
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? surgical findings
 (Signed) D. E. Schults, M. D.
 _____, 19 _____ (Address) Cape Girardeau, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Trace Creek, DATE OF BURIAL Jan 5th 1937.

20. UNDERTAKER Andrew J Baker ADDRESS Lutesville

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.

14. INFORMANT Clay Minter,
 (Address) Lodge, Mo.

15. FILED 1-3-37 J. M. Thompson
 REGISTRAR

