

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

Do not use this space.

JAN 20 1936

40731

1. PLACE OF DEATH

County Rey Registration District No. 744
Township H. C. H. MEMPH Primary Registration District No. 3035
City RICHMOND (No. _____) St. _____ Ward _____

File No. _____
Registered No. 113

2. FULL NAME

Minnie McCannless

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-14, 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 8 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Missouri

13. NAME Issac Rentfro

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

15. MAIDEN NAME Minerva Swoffard

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

17. INFORMANT Estill McCannless (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Crowley Cemetery DATE 12-15 1935

19. UNDERTAKER C. M. Joiner (ADDRESS) Richmond Mo.

20. FILED 1-9 1936 E. E. Bay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1935 to Dec 14 1935
I last saw her alive on Dec 12 1935 Death is said to have occurred on the date stated above, at _____ m.

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

Malignant Hypertension Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Re 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? no

If so, specify _____ (Signed) [Signature] M. D.
(Address) Richmond Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

31
31

MEMORANDUM FOR THE DIRECTOR, FBI

RE: [Illegible]

[Extremely faint and illegible body text]