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

Do not use this space.

12073

MAY 23

1. PLACE OF DEATH
County Cole
Township Marion
City Centertown, Mo (No. ... St. ... Ward)

Registration District No. 211
Primary Registration District No. 5291
File No. ...
Registered No. 12

2. FULL NAME Minnie Ponder

(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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF: George Ponder

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 15 1886

7. AGE: Years 43, Months 10, Days 10. If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miller Co

PARENTS

10. NAME OF FATHER: Rufus Wilson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Miller Co
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Maries Co

14. INFORMANT: George Ponder
(Address): Centertown Mo

15. FILED 4-26 19 ... Ira P. Hutson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 25 1930

17. I HEREBY CERTIFY, That I attended deceased from March 17, 1930, to April 25, 1930, that I last saw her alive on April 24, 1930, and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
23A Pulmonary Tuberculosis
118C
31
(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Chronic Gastritis & Indigestion (duration) 1 yrs. 1 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: At place of death

0 DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Usual —

(Signed) M. J. O'Brien, M. D.
, 19 (Address) Centertown, 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 Hope
DATE OF BURIAL: 4/26 1930

20. UNDERTAKER: Williams & Freedman
ADDRESS: California 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.