

RECEIVED JUN 12 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 0429

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Residence

Local Registrar's No. 5834

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Oscar Minshew
(a) Residence. No. 416 South Ninth Ave. Poca., Ida. St.

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 Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Maggie Mooring

6. DATE OF BIRTH (month, day and year) January 28, 1872.

7. AGE Years 58 Months 4 Days 6 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer None

9. BIRTHPLACE (city or town) Eureka,
(State or country) North Carolina.

10. NAME OF FATHER John Vick Minshew

11. BIRTHPLACE OF FATHER (city or town) Eureka,
(State or Country) North Carolina.

12. MAIDEN NAME OF MOTHER Martha Overman

13. BIRTHPLACE OF MOTHER (city or town) Eureka,
(State or Country) North Carolina.

14. Informant Mrs. Alden Houde
(Address) 416 South Ninth Ave. Poca., Ida.

15. Filed 6/5/30. 19 19

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH
June 3, 1930.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930. to June 3, 1930
that I last saw him alive on June 3, 1930
and that death occurred, on the date stated above, at 9 p. m.
The CAUSE OF DEATH* was as follows:

Edema of Lung

CONTRIBUTOR Bronchial asthma
(Secondary)

18. Where was disease contracted North Carolina
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physician's report
(Signed) Arthur W. Hall M. D.

6/5/30. 19 19 (Address) Pocatello

*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 Mountain View Cemetery
Pocatello, Idaho. Date of Burial 6/6/30. 19 19

20. Undertaker Arthur W. Hall
Address Pocatello

MARGIN RESERVED FOR BINDING
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. See instruction on back of certificate.

PARENTS

107

J. A. Young
Registrar