Y 26 1927

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

Do not use this space.

11335

1. PLACE OF DEATH
County: Dent
Township: ~~Cantonment~~
City: Bunker (No. ..... St. ..... Ward)

Registration District No. 954
Primary Registration District No. 41 63

File No. .....
Registered No. 16

2. FULL NAME Thomas H. Windham

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1849 (Best Est)

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	78	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Common Labor
(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) MO

PARENTS
10. NAME OF FATHER: Walter Windham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Engrum
12. MAIDEN NAME OF MOTHER: Beard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) MO

14. INFORMANT: Lurie Collins
(Address) Bunker Mo

15. April 5 1927 J. E. Gordon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1927

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19..., that I last saw ~~living~~ alive on April 4 1927, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Found Dead in Bed
Supposed heart failure
(duration) 2 mo yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 9058
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Heart Failure
(Signed) J. E. Gordon, M. D
, 19 (Address) Bunker

*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: Bunker Cem
DATE OF BURIAL: April 6 1927

20. UNDERTAKER: Albert Doolittet
ADDRESS: Bunker

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.

The Smith and Hoy Craft Engraving