

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

Do not use this space.

11506

**1. PLACE OF DEATH**

County Henry  
Township Windsor  
City Windsor (No. \_\_\_\_\_)

Registration District No. 14  
Primary Registration District No. (12.1)

File No. \_\_\_\_\_  
Registered No. 17 (Ward)

**2. FULL NAME** Loucil Oaks

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
-------------------------	----------------------------------	---

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6 - 1909

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>17</u>	<u>4</u>	<u>20</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work School Girl  
(b) General nature of industry, business, or establishment in which employed (as employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Windsor  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Roy Oaks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Windsor  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Alice Garret

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

14. INFORMANT Mrs Roy Oak  
(Address) Windsor Mo.

FILED 28 57 1927  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27 1927

17. I HEREBY CERTIFY, That I attended deceased from 2:30 to 2:30 on April 27th 1927 that I last saw him alive on April 13th 1927 and that death occurred, on the date stated above, at Windsor Mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Intestinal Septicemia

CONTRIBUTORY (SECONDARY) Bacterial tonsillitis  
(Specify type of tonsillitis) Strains

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? no

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. E. Bradley M.D.  
, 19 (Address) Windsor 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 Windsor Mo. DATE OF BURIAL May 28 1927

20. UNDERTAKER W. E. Husters ADDRESS Windsor 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.

1027

