

SEP 29 1927

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

Do not use this space.

24812

1. PLACE OF DEATH

County Linn Registration District No. 500
Township Franklin Primary Registration District No. 4303
City Laclede (No.) St. Ward)

File No.
Registered No. 13

2. FULL NAME

I. A. May Windle
(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 7 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
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. C. Windle
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 25-1878
7. AGE 48 YEARS MONTHS 9 DAYS 4 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Portsmouth
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER John A. Simpson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Sarah Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

14. INFORMANT A. C. Windle
(Address) Laclede Mo.

15. FILED 8/30, 1927 J. N. Burke
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1927
17. I HEREBY CERTIFY, That I attended deceased from Aug 29 1927
2:10, 1927 to Aug 29 1927
that I last saw h. alive on Aug 29 1927, and that death occurred, on the date stated above, at 2-2 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
59 Heart failure Mellitus
69B
57 Pericarditis
(duration) yrs. mos. ds.
CONTRIBUTORY Arteriosclerosis
(SECONDARY) (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH,
0 DID AN OPERATION PRECEDE DEATH, no. DATE OF x
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) J. N. Burke, M. D.
8/30, 1927 (Address) Laclede 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 Laclede Mo DATE OF BURIAL Aug 31 1927

20. UNDERTAKER W. G. Thorne ADDRESS Laclede

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.

