

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

Do not use this space.

16020

1. PLACE OF DEATH

County Andrew Registration District No. 26
 Township Saline Primary Registration District No. 3092
 City Atchison (No. 904 East Liberty) St. _____ Ward _____

File No. _____
 Registered No. 70

2. FULL NAME

not named - Infant of W.M. Windsor + wife
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-2-1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, 12 hrs. or min.
			<u>1</u>	<u>12</u> hrs.

B. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Mexico
 (STATE OR COUNTRY)

10. NAME OF FATHER W.M. Windsor

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

12. MAIDEN NAME OF MOTHER Anna Rinsley

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

14. INFORMANT W.M. Windsor
 (Address) Mexico Mo

15. May 4th 1928 Ira S. Milligan
 File No. _____ REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 1928

17. I HEREBY CERTIFY That I attended deceased from May 2, 1928, to May 3, 1928
 that I last saw him alive on May 3, 1928, and that death occurred, on the date stated above, at 9:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia of newborn
107 ft

CONTRIBUTORY (SECONDARY) 100%

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) William Ford, M. D.

.19 (Address) Mexico 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 DATE OF BURIAL

Mexico Mo Cem 5-4-1928

20. UNDERTAKER ADDRESS
H.A. Prescottson - Mexico 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.

30 1928

