

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.

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

Do not use this space.

26977

1. PLACE OF DEATH

County Henry
Township Windsor
City Windsor

Registration District No. 912
Primary Registration District No. 4188

File No. 26977
Registered No. 14
St. _____ Ward _____

2. FULL NAME

Emory Paul Solomon
Windsor City

(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 3 yrs. 8 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) Widowed
6. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Philip Solomon
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-14-1841
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 87 4 28 — —
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired Housewife
(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) Illinois
10. NAME OF FATHER John Walton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Cambridge
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Pennsylvania

PARENTS

14. INFORMANT Mrs. G. A. Walters
(Address) Windsor City Mo.

15. FILED Aug 13 1928 St Paul REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-11-1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 24 1928 to Aug 11 1928
(that I last saw h. Ex alive on Aug 11 1928, and that death occurred, on the date stated above, at 12-8-1928 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Infarction
92A
900
(duration) 3 yrs. _____ mos. _____ ds.
CONTRIBUTORS (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

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

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) Dr Paul M. D.
Aug 13 1928 (Address) Windsor City 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 St Paul DATE OF BURIAL 8-13-1928

20. UNDERTAKER R. B. Taggart ADDRESS King City Mo

By J. J. Jones