

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

Do not use this space.

32931

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township 4 Primary Registration District No. 3009
City St. Louis (No. St. Mary Hospital) St. _____ Ward _____

File No. _____
Registered No. 1207

2. FULL NAME

Earl Windersrecht
(a) Residence. No. R. F. D. #1 Cape Gir. 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

(a) If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

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

Aug-19-1901

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>27</u>	<u>1</u>	<u>13</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

New Egypt Mills Missouri

10. NAME OF FATHER

Frank Windersrecht

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

New Egypt Mills Missouri

12. MAIDEN NAME OF MOTHER

May Og

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

New Egypt Mills Missouri

14.

INFORMANT

(Address)

Mr. Frank Windersrecht R. F. D. #1 Cape Gir.

15.

FILED

1928 28 20 Cape Girardeau
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct-2 1928

17.

I HEREBY CERTIFY That I attended deceased from Oct 1 1928 to Oct 2 1928
that I last saw him alive on Oct 2 1928, and that death occurred, on the date stated above, at 10:00 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Septicaemia

CONTRIBUTORY (SECONDARY)

36 4 1
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

20. WAS THERE AN AUTOPSY? _____

21. WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. Paul R. Williams, M. D.
, 19 (Address) Cape Girardeau, 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.

22. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cross Cemetery, Oct 4 1928

23. UNDERTAKER

ADDRESS

Wm. Dunlop Cape Girardeau

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.

1928

Windersrecht

