

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

Do not use this space.

1247

**1. PLACE OF DEATH**

County Henry  
Township Windsor  
City Windsor

Registration District No. 14  
Primary Registration District No. 4211

File No. 3  
Registered No. 3  
St. Windsor Ward

**2. FULL NAME**

(a) Residence. No. 104 Commercial St. Ward.

(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 12 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) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lewina Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 13, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
85 0 5

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Nashville  
(STATE OR COUNTRY) Tenn.

10. NAME OF FATHER Willie Davis

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Oliver Davis  
(Address) Windsor, Missouri

15. Jan 18, 1929 FILED REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1929 to Jan 17, 1929  
that I last saw him alive on Jan 10, 1929, and that death occurred, on the date stated above, at 8 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Paralysis agitans  
10 years

18. WHERE WAS DISEASE CONTRACTED 121  
875 (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis  
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 121  
IF NOT AT PLACE OF DEATH

18. DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. W. Head, 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 DATE OF BURIAL

Marshall, Okla. Jan 20, 29

20. UNDERTAKER ADDRESS

E. A. Roof Windsor, Mo.

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.

