

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

Do not use this space.

21274

**1. PLACE OF DEATH**

County Henry  
Township Windsor  
City Windsor (No. \_\_\_\_\_)

Registration District No. 14  
Primary Registration District No. H 21

File No. \_\_\_\_\_  
Registered No. 23  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed (write the word)

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Nov 3 - 1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day	
				hrs.	mins.
<u>92</u>	<u>7</u>	<u>13</u>			

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work RD Home  
(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) Kentucky

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Kentucky

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Kentucky

**14. INFORMANT** W. H. Marshall  
(Address) Windsor, Mo.

**15. DATE** June 18, 1929 **REGISTER**

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** June 16 1929

**17. I HEREBY CERTIFY** That I attended deceased from Apr. 11, 1925, to Apr. 16, 1925 that I last saw her alive on Apr. 15, 1925, and that death occurred, on the date stated above, 5:00 a.m.

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

Initial Respirations  
92 A  
11 B

**CONTRIBUTORY (SECONDARY)**

Influenza (duration) 20 yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

HOME 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?**

(Signed) J. A. Blackmore, M. D.  
6-18, 1929 (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**

Windsor, Mo June 18, 1929  
**20. UNDERTAKER** B. A. Boy **ADDRESS** Windsor, 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.

JUL 25 1929

