APR 30 1930

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

Do not use this space.

1. PLACE OF DEATH
County Ray Co
Township ~~Orrick~~
City Orrick (No. ..... St. ..... Ward)

Registration District No. 743
Primary Registration District No. 4445

File No. 9917
Registered No. 7

2. FULL NAME James O. Windsor
(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: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7-20-1881

7. AGE: YEARS 48 | MONTHS 8 | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(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): Ray Co Mo

PARENTS
10. NAME OF FATHER: Wm Denton Windsor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ray Co Mo
12. MAIDEN NAME OF MOTHER: Frances Taylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ray Co Mo

14. INFORMANT: Mrs Ida Windsor
(Address) Orrick Mo

15. FILED 3-31 1930 L E Ellis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-31 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at Don't Know m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Was found dead in bed no evidence of violence or suicide. A history of Influenza and pneumonia a few days before death (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 11A
109A (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical history.

(Signed) L. E. Ellis acting Coroner, M. D.
Mar. 31 1930
Mar 31, 1930 (Address) Orrick 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: South Point Cemet
DATE OF BURIAL: 4-1 1930

20. UNDERTAKER: C W Gibson
ADDRESS: Orrick Mo

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.