

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

Do not use this space.

4430

1. PLACE OF DEATH
 42 County Henry Registration District No. 14
 8 Township X Primary Registration District No. 4211
 2 City Windsor (No.) St. Ward
 2. FULL NAME Patsy N. Junod Coleman
 (a) Residence, No. 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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	86	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Tom Burton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT F. B. Griggs
(ADDRESS) Idon Kansas

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Windsor DATE 2-23-32 19
HUSTON'S FUNERAL CHAPEL
 (ADDRESS) WINDSOR MISSOURI

19. UNDERTAKER
 (ADDRESS) WINDSOR MISSOURI

20. FILED Feb 23 1932 J. D. Dunning
 Registrar

MEDICAL CERTIFICATE OF DEATH

2. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 21, 1932

22. I HEREBY CERTIFY That I attended deceased from Feb 2 1932 to Feb 21 1932, 1932
 I last saw him alive on Feb 2 1932, 1932. Death is said to have occurred on the date stated above, at 6:30 pm
 The principal cause of death and related causes of importance were as follows:
mitral heart disease Date of onset
100%
 Other contributory causes of importance: Bronchitis

Name of operation Date of
 What test confirmed diagnosis? Chamber Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) J. D. Dunning M. D.
 (Address) Windsor

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.

MAR 22 1932

