

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

Do not use this space.

15939

1. PLACE OF DEATH

42 County Hannibal Co
8 Township Windsor
2 City Windsor (No. 14)

Registration District No. 4211
Primary Registration District No. 4211

File No. 18
Registered No. 18
St. Ward

2. FULL NAME

(a) Residence No. 1 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12, 1853

7. AGE YEARS 78 MONTHS 8 DAYS 11 If LESS than 1 day, hrs. or min.

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

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

12. BIRTHPLACE (CITY OR TOWN) Windsor (STATE OR COUNTRY) Hannibal Co

13. NAME Daniel Young

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

15. MAIDEN NAME Martha Smith

16. BIRTHPLACE (CITY OR TOWN) Windsor (STATE OR COUNTRY) Hannibal Co

17. INFORMANT (ADDRESS) E. M. Thompson

18. BURIAL, CREMATION, OR REMOVAL PLACE Mountain View DATE May 24, 1932

19. UNDERTAKER (ADDRESS) W. A. Blackmore

20. FILED 5-24-32 Registrar W. A. Blackmore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1932, to May 21, 1932

I last saw him alive on May 20, 1932. Death is said to have occurred on the date stated above, at 3:08 m.

The principal cause of death and related causes of importance were as follows:

Heart Failure - Smell

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) W. A. Blackmore, M. D.

(Address) Windsor, Mo.

