

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

Do not use this space.

39395

File No. _____
Registered No. 35 _____
St. _____ Ward _____

1. PLACE OF DEATH

42 County Henry co. Registration District No. 14
3 Township _____ Primary Registration District No. #211
2 City Windsor Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Minnie Pearl Palmer

(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 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 Roy Palmer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1875
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
57 5 29
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. #35
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo.

13. NAME Everine Wright

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

15. MAIDEN NAME Garden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartsville Mo.

17. INFORMANT Roy Palmer (ADDRESS) Windsor Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor DATE Jan 2, 1933

19. UNDERTAKER C. A. Roof (ADDRESS) Windsor Mo.

20. FILED 1-2 1933 11 J. J. Dennis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 - 11 P.M. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1932, to Dec 31, 1932. I last saw him alive on Jan 31, 1932. Death is said to have occurred on the date stated above, at 11 P.M.. The principal cause of death and related causes of importance were as follows:

Fatty degeneration of heart - acute dilatation
93C
95B
Other contributory causes of importance _____

Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) H. Small, M. D.
(Address) Windsor Mo.

JAN 23 1933

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.

