

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.

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

Do not use this space.

9297

1. PLACE OF DEATH

County HenryRegistration District No. 14Township WindsorPrimary Registration District No. 42.11City Windsor

(No. _____) St. _____ Ward _____

File No. _____

Registered No. 6

St. _____ Ward _____

2. FULL NAME

(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) April 1905

7. AGE YEARS 20 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. _____ or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Strip Mine 10. Date deceased last worked at this occupation (month and year) 3/11/33 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Adel Iowa (STATE OR COUNTRY)

13. NAME M.S. Hood

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

15. MAIDEN NAME Delia Holman

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Lawrence Bohrn (ADDRESS) Salboun Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Newton, Iowa DATE 3/15/33 19.

19. UNDERTAKER HUSTON'S FUNERAL CHAPEL (ADDRESS) Windsor, Missouri

20. FILED Mar 13 1933 Registrar J. J. Jennings

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12-33

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

I last saw him alive on March 12, 1933. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows: The verdict of the coroner's jury was that of acute alcoholism. No marks of external violence. He drank of the liquor he was found on the ground at the scene of death. He was never injured since. All evidence points to alcoholic poisoning.

Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? None 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? at the dance (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Drinking liquor at a dance on highway 52, north of Windsor, Mo.

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. J. Jennings, M. D.

(Address) Windsor, Mo.

