

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

Do not use this space.

15233

JUN 4 1935

1. PLACE OF DEATH

County Saline
Township ~~Marshall~~
City Marshall (No. Fitz Gibbon Hosp.)

Registration District No. 796
Primary Registration District No. 3038

File No. _____
Registered No. 57
St. _____ Ward _____

2. FULL NAME

Mrs. Mary Windmeyer.
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Mr. Geo. Windmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-30-1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 2 15

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) (STATE OR COUNTRY) thequenville Mo

FATHER 13. NAME August Opfer

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

MOTHER 15. MAIDEN NAME Mary Chapman

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

17. INFORMANT (ADDRESS) Geo. D. Windmeyer
Grand Child

18. BURIAL, CREMATION, OR REMOVAL PLACE Graveyard DATE Apr 17 1935

19. UNDERTAKER (ADDRESS) Heller's Funeral Home
Carrollton Mo

20. FILED Apr 16 1935 Nelen Huston
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-15, 1935, to 4-15, 1935.
I first saw him alive on April 15, 1935. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Peritonitis Date of onset 4-4-35

Other contributory causes of importance: Ruptured Gall bladder

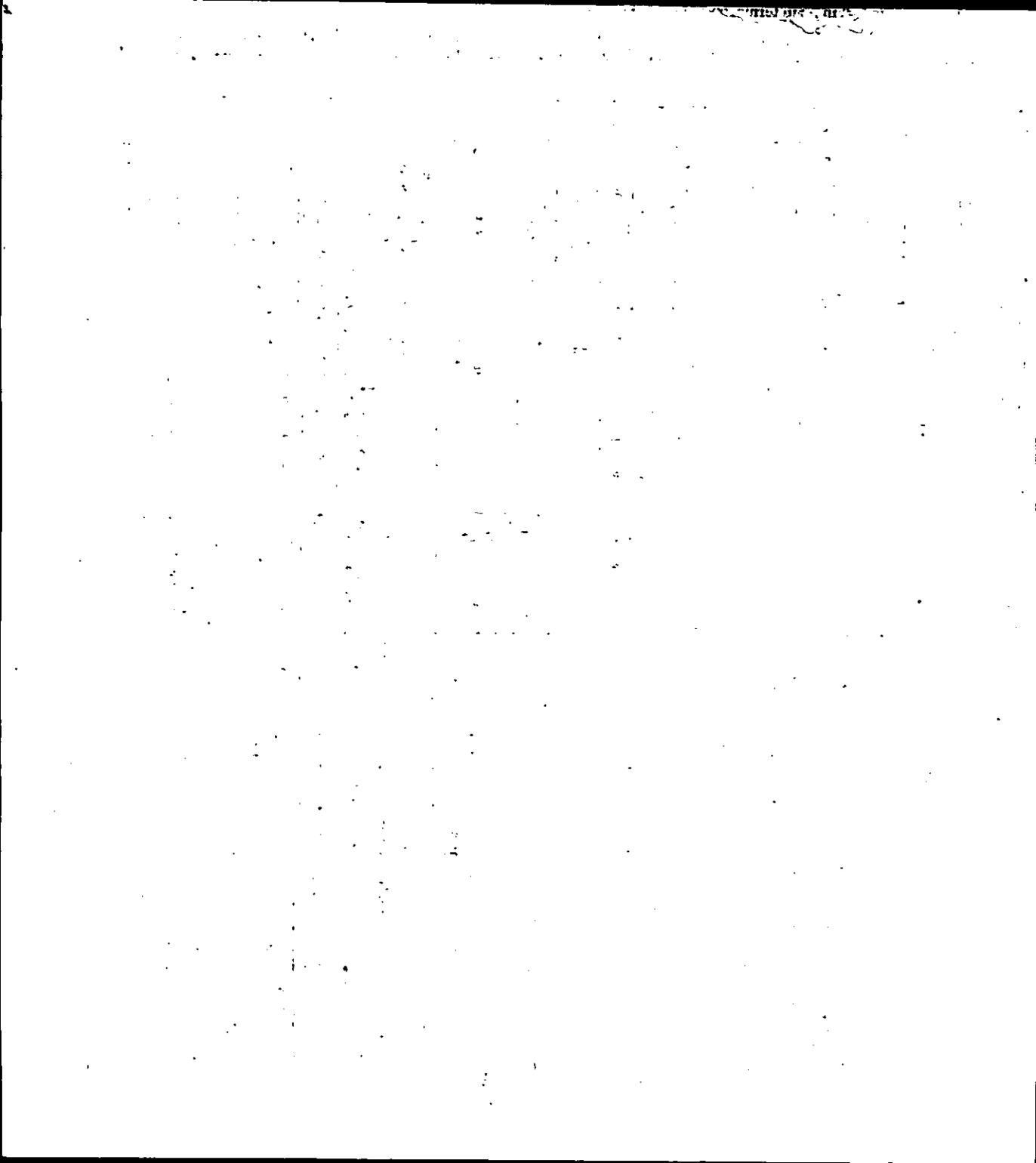
Name of operation Damage Peritoneum Date of 4-5-35
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No. Date of injury _____, 19____
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) W. Corbett, M. D.
(Address) Marshall 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.

WHITE-PANEL, WITH-ON-ADJACENT-THERETO IS A PERMANENT RECORD



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Registration District No. 796
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File No.
Registered No. 57
St. Ward)

2. FULL NAME

Mrs Mary Windmeyer

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 10, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at..... m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 2 15

Date of onset

OCCUPATION

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

Other contributory causes of importance:
Ruptured Gall Bladder
(Common duct obstruction from
gall stones)

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

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

FATHER MOTHER

13. NAME

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

15. MAIDEN NAME

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

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.

17. INFORMANT (ADDRESS)

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19.....

Nature of injury.....

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

20. FILED 7-1-35, 19 J. H. Stouney Registrar

(Signed)....., M. D.
(Address).....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 16 1935

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