

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.

20292

JUL 24 1935

1. PLACE OF DEATH

58 County Rum  
Township  
3 City Bucklin (No. ....)

Registration District No. 458  
Primary Registration District No. 4301

File No. 14  
Registered No. ....  
St. .... Ward)

32. FULL NAME William Edward Windle

(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 24 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) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alta Burns Windle  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
66 9 26  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Editor  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co Mo

13. NAME William Windle

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

15. MAIDEN NAME Mary Perkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs Alta Windle (ADDRESS) Bucklin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ethel Mo DATE June 13 1935

19. UNDERTAKER Geo W. Quigley (ADDRESS) 101 West 1st St Mo

20. FILED June 13 1935 J. L. Cantwell Registrar

Obituary MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1935  
22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 to June 11 1935  
I last saw him alive on June 9 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis  
151  
Other contributory causes of importance:  
Chronic Interstitial Nephritis  
Arterio Sclerosis

Date of onset 6/11/35

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) D. L. Spear, M.D.  
(Address) Bucklin Mo

