

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH  
County Henry  
Township Windsor  
City Windsor (No. 4211)

Registration District No. 14  
Primary Registration District No. 4211

File No. 12034  
Registered No. 9  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Infant of H.M. & Olive Pallett  
(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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1937  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 5 hrs. or \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12-37, 1937  
22. I HEREBY CERTIFY, That I attended deceased from March 12, 1937, to March 12, 1937  
I last saw her alive on March 12, 1937 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:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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 \_\_\_\_\_

Prematurity  
Other contributory causes of importance: 59  
Date of onset \_\_\_\_\_

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

13. NAME H.M. Pallett  
14. BIRTHPLACE (CITY OR TOWN) Pittsburg, Kansas  
(STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Olive Newton  
16. BIRTHPLACE (CITY OR TOWN) Lenxa, Kansas  
(STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT H.M. Pallett  
(ADDRESS) Windsor, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Mar. 14-37

19. UNDERTAKER Huston-Turner  
(ADDRESS) Windsor, Missouri

20. FILED Mar 13 1937 J. J. Deming  
Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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? \_\_\_\_\_ 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) Ray B. Jordan, M. D.  
(Address) Windsor 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.

WRITE PLAINLY WITH WRITING INK—THIS IS A PERMANENT RECORD

