

AUG 24 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
City Windsor (No.)Registration District No. 14
Primary Registration District No. 121File No. 27308
Registered No. 14
St. Ward)

2. FULL NAME

MARY EMMA MCINTIRE(a) Residence, No. St., Ward.
(Usual place of abode)Length of residence in city or town where death occurred 67 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. W. McIntire6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 18607. AGE YEARS 76 MONTHS 9 DAYS 1 If LESS than 1 day, hrs. or min.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. Housewife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cannelton IndianaFATHER 13. NAME John William Lazonby14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) EnglandMOTHER 15. MAIDEN NAME Mary Bennett16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Mrs. Kirkpatrick (ADDRESS) Windsor Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor Mo DATE July 20, 193719. UNDERTAKER C. H. Gustin (ADDRESS) Windsor Mo20. FILED July 20, 1937 J. J. Dennis Jr Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/19, 193722. I HEREBY CERTIFY, that I attended deceased from June 28, 1937, to July 18, 1937I last saw her alive on July 18, 1937. Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Chronic Nephritis Date of onset 1930

Other contributory causes of importance:

Arterial sclerosis

Name of operation Date of

What test confirmed diagnosis? Chemical 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) J. A. Blackmore, M. D.(Address) Windsor, Mo.

WRITE PLAINLY WITH LEADING INK--THIS IS A PERMANENT RECORD

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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.

