

DEC 17 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. 5746)

Registration District No. 14Primary Registration District No. 424File No. 41372Registered No. 28St. MoWard 1

2. FULL NAME

(a) Residence, No. Windsor Mo St. Mo Ward 1
 (Usual place of abode)

Length of residence in city or town where death occurred 5 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25 1860

7. AGE YEARS 77 MONTHS 6 DAYS 21 If LESS than 1 day, hrs. or min.

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. Life

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Kansas

13. NAME Wm Odell

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

15. MAIDEN NAME Butcher

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

17. INFORMANT Milo F Brown (ADDRESS) Windsor Mo

18. BURIAL, CREMATION, OR REMOVAL Greenridge Mo DATE 11-18-37

19. UNDERTAKER F. A. Blackmore (ADDRESS) Windsor Mo

20. FILED Nov 18 1937 Registrar J. A. Blackmore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16-1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1937, to Nov 15, 1937

I last saw him alive on Nov 14, 1937. Death is said to have occurred on the date stated above, at 10:45 PM

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

Cerebral Hemorrhage Date of onset 11-13-37

Other contributory causes of importance:

Chronic Nephritis

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) J. A. Blackmore, M. D.

(Address) Windsor, Mo

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.

