

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

**10947**

Do not use this space.

1. PLACE OF DEATH **DEAD APR 19 1939**

(a) County **Henry** Registration District No. **14**  
(b) Township **Windsor** Primary Registration District No. **4201**  
(c) City **Windsor** (d) Street No. **6**  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mrs. Leola Berryman Dickey**

(a) Residence, No. **207** St. **□** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

**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 **Floyd Dickey**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 27, 1880**  
7. AGE YEARS **58** MONTHS **11** DAYS **5** If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **at home**  
9. Industry or business in which work was done, as 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) **unknown**  
(STATE OR COUNTRY) **Arkansas**

13. NAME **Lee Berryman**

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

15. MAIDEN NAME **Mary White**

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

17. INFORMANT **Mrs. Wallace Park**  
(ADDRESS) **Windsor, Missouri**

18. BURIAL, CREMATION, OR REMOVAL **Cross Timbers, Mo.**  
PLACE DATE **Mar. 4 1939**

19. FUNERAL DIRECTOR (NAME) **Huston-Turner**  
(ADDRESS) **Windsor, Missouri**

20. FILED **Mar 4 1939**  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 2 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 11 1939** to **March 2 1939**

I last saw her alive on **March 2 1939**. Death is said to have occurred on the date stated above, at **12:00 p m**

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

**Uremia due to chronic nephritis**

Date of onset

Other contributory causes of importance:

**C. in basis of lungs essential hypertension**

Name of operation **Cholecystectomy** Date of **Feb 27**

What test confirmed diagnosis? Was there an autopsy? **yes**

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?

If so, specify

(Signed)

(Address)

**Chas. W. Turner**  
**Windsor, Mo**

124022

RECEIVED

District Health Officer No.

District File Number 7-39-61

Date Filed 4-15-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Signed

Licensed Embalmer No. 3391

P. O. Address Windsor, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

10947  
Do not use this space.

1. PLACE OF DEATH

(a) County Jenny  
(b) Township Windsor  
(c) City Windsor  
(e) Length of residence in city or town where death occurred

Registration District No. 14  
Primary Registration District No. 4211  
(d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. \_\_\_\_\_

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St. ☐  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS 58 MONTHS 11 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as 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)

FATHER 13. NAME \_\_\_\_\_

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

MOTHER 15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19

19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1939 to \_\_\_\_\_ 1939

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 1939. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

uremia due to chronic nephritis  
126  
11.11.10

(Other contributory causes of importance)  
Cirrhosis of liver  
Essential Hypertension

Name of operation cholecystectomy Date of \_\_\_\_\_

What test confirmed diagnosis? cholelithiasis Autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1939

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Geo. N. Windsor M. D.

(Address) Windsor

MAY - 3 1953