

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

Do not use this space.

File No. *33294*

1. PLACE OF DEATH

County *Henry*
 Township *Windsor*
 City *My Am. Marsh* (No. _____)

Registration District No. *14*
 Primary Registration District No. *4211*

File No. _____
 Registered No. *32*
 St. _____ Ward _____

2. FULL NAME

(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

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov 4 - 1845*

7. AGE YEARS *82* MONTHS _____ DAYS *20* If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Retiree*
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) *Kentucky*
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER *Benjamin Dettler*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Kentucky*
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Rebecca Tucker*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Kentucky*
 (STATE OR COUNTRY)

14. INFORMANT *Myra Snapp*
 (Address) *Myra Snapp, Mrs. Jones, No. 2527 N. 1st St., St. Louis, Mo.*

FILED *25 27* 19 *27* REGISTRAR *J. J. Dunning*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov 24 1927*

17. I HEREBY CERTIFY, That I attended deceased from *Aug. 10 1926*, to *Nov. 24 1927*, and that I last saw her alive on *Nov. 24 1927*, and that death occurred, on the date stated above, at *11 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

10 Broncho-Pneumonia

1060 CONTRIBUTORY *Arteriosclerotic Coronary* (duration) _____ yrs. _____ mos. *14* ds.

(SECONDARY) _____ (duration) *2* yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED *Home*
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? *no* DATE OF _____

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *clinical*

(Signed) *J. W. Allen*, M. D.

(Address) *Windsor, Mo.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Windsor, Mo.* DATE OF BURIAL *Nov 25 1927*

20. UNDERTAKER *W. E. Huston* 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.

