

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

Do not use this space.

8635

1. PLACE OF DEATH

County Henry
Township Windey
City Windey (No.)

Registration District No. 14
Primary Registration District No. 4211

File No.
Registered No. 6
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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 21-1845</u>		
7. AGE	YEARS	MONTHS
	<u>82</u>	<u>2</u>
		DAYS
		<u>15</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Retired Farmer</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6 1928
17. I HEREBY CERTIFY That I attended deceased from Feb 18 1928 to March 6 1928 that I last saw h. m. alive on March 6 and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis, General
Senility
CONTRIBUTORY (SECONDARY) Senility
(duration) 14 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W. H. Head M. D.
3-8 1928 (Address) Windey

*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.

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

Gen.

10. NAME OF FATHER

Unknown

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

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

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

Unknown

14. INFORMANT (Address)

Mr. Frank Hoepfer
Windey Mo.

FILED Mar 8 1928
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Windey Mo DATE OF BURIAL Mar 8 1928

20. UNDERTAKER

W. E. Huston ADDRESS Windey 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.

