

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

Do not use this space.

13027

1. PLACE OF DEATH

County Henry
Township Windsor
City Windsor

Registration District No. 14
Primary Registration District No. 4211

File No. _____
Registered No. 19
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.

Mary Jane Jones

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) Feb 14 - 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 | 1 | 25

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Carrollton
(STATE OR COUNTRY) Ind. Ky.

10. NAME OF FATHER Joseph Brooks

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

12. MAIDEN NAME OF MOTHER Nancy Mitchell

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

14. INFORMANT Nannie Perkins
(Address) Windsor Mo

15. FILED Apr 13 1928 J. D. Dunning
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 9 1928

17. I HEREBY CERTIFY, That I resided from Feb 11 1925 to April 9 1928 that I last saw her alive on Apr 7 1928, and that death occurred, on the date stated above, at 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy (duration) yrs. mos. 10 da.
CONTRIBUTORY Arteriosclerosis
(SECONDARY) About 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) M. E. Bradley, 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 _____ DATE OF BURIAL _____

Windsor Mo. Apr 13 1928

28. UNDERTAKER W. E. Huston Windsor Mo.
ADDRESS _____

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.

