

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

Do not use this space.

1928

**1. PLACE OF DEATH**

County Henry  
Township Windsor  
City Windsor (No. \_\_\_\_\_)

Registration District No. 14  
Primary Registration District No. 4211

File No. 23609  
Registered No. 28  
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14-1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 7 hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

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

10. NAME OF FATHER Arthur Huff

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

12. MAIDEN NAME OF MOTHER Milinda Wood

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

14. INFORMANT Miss Florine Wood  
(Address) Windsor Mo

15. July 14 1928  
REGISTRAR J. J. Dunning

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 1928

17. I HEREBY CERTIFY That I attended deceased from July 14 1928 to July 14 1928, and that I last saw him alive on July 14 1928, and that death occurred on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Premature  
159/1610 (duration) yrs. mos. da.  
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. J. Dunning, M. D.

\*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 July 14 1928

20. UNDERTAKER W.E. Fuston 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.

