

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

Do not use this space.

6237

1. PLACE OF DEATH *Windsor*
 County *Windsor* Registration District No. *14*
 Township *Windsor* Primary Registration District No. *4211*
 City *Windsor* (No. *11*) St. *7* Ward

2. FULL NAME *Helen Agnes James*
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* **4. COLOR OR RACE** *White* **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** *Widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Child*
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 28, 1928*
7. AGE YEARS *9* MONTHS *0* DAYS *0* If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Child*
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*
10. NAME OF FATHER *Ed James*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*
12. MAIDEN NAME OF MOTHER *Fannie Wash*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 28, 1929*
17. I HEREBY CERTIFY, That I attended deceased from *Feb 27, 1929*, to *Feb 28, 1929*, that I last saw her alive on *Feb 28, 1929*, and that death occurred, on the date stated above, at *1:00 P.M.*
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
11A
107A
 (duration) yrs. mos. *3* ds.
CONTRIBUTORY (SECONDARY) *Influenza*
 (duration) yrs. mos. *4* ds.
18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH...
 DID AN OPERATION PRECEDE DEATH? *no* DATE OF...
 WAS THERE AN AUTOPSY? *no*
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) *J. A. Blackmore*, M. D.
3-1, 1929 (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.

14. INFORMANT (Address) *Ed James ino*
15. FILED *MAR 29 1929* REGISTRAR
19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Windsor* **DATE OF BURIAL** *March 19 1929*
UNDERTAKER *Ed. Roof* **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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 22 1929

