

JUN 25 1930

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

Do not use this space.

15904

1. PLACE OF DEATH

County Henry

Registration District No. 14

File No. ....

Township .....

Primary Registration District No. 14211

Registered No. 20

City Windsor (No. ....)

St. .... Ward)

2. FULL NAME Mary Elizabeth Warren Hand

(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)

married

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

wife of Asa Hand

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Apr. 22 - 1858

7. AGE

YEARS 72

MONTHS 0

DAYS 23

If LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

house keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Benton Co, Missouri

(STATE OR COUNTRY)

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

14. INFORMANT

Asa Hand

(Address)

Windsor Mo

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16 1930

17. I HEREBY CERTIFY, That I attended deceased from May 10 1930, to May 16 1930

that I last saw him alive on May 15 1930, and that death occurred, on the date stated above, at 2 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

152 B Infection of fungus entering circulation of arm to right side of chest. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

153 B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. Howard M. D.

5-19-30 (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

May 20 1930

20. UNDERTAKER

J. G. Smith Carter Furniture & Co

ADDRESS

Windsor

REGISTRAR

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.

