

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

Do not use this space.

840

1. PLACE OF DEATH

42 County Henry Registration District No. 14
 8 Township X Primary Registration District No. 4211
 2 City Windsor (No. _____) St. _____ Ward _____

2. FULL NAME

Charles W. Head, M.D.
 (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 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Mackelwrath
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30-1855
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 11 11

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Missouri

FATHER
 13. NAME Alfred Head

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 2

MOTHER
 15. MAIDEN NAME Rhoda Vincen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Alfred Head Nevada, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor Mo. DATE Jan 13 1932

19. UNDERTAKER (ADDRESS) HUSTON'S FUNERAL CHAPEL WINDSOR MISSOURI

20. FILED Jan 13 1932 J. J. Jennings Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11 1932, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 11 1932 to Jan. 11 1932, 1932
 I last saw him alive on Jan 11 1932 Death is said to have occurred on the date stated above, at 9:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
 Other contributory causes of importance:
 Date of onset

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____ (1)

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) J. A. Blackmore, M. D.
 (Address) Windsor, Mo.

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

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.

FEB 24 1932

