

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

Do not use this space.

35481

1. PLACE OF DEATH

42 County Henry
8 Township Windsor
2 City Windsor (No. _____)

Registration District No. 14
Primary Registration District No. 4311

File No. _____
Registered No. 32
St. _____ Ward _____

FULL NAME

Omer Day

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 38 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 30 1894</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>2</u>
	DATE <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Teamed. 13
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

PARENTS	10. NAME OF FATHER <u>W Day</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	12. MAIDEN NAME OF MOTHER <u>Victoria Allison</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>

14. INFORMANT Mrs. M. Thompson
(Address) Marion Ill.

15. FILE NO. Nov 11 1932
REGISTRAR J. J. Jennings

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9 1932
17. 28 HEREBY CERTIFY, That I attended deceased from Oct 1932 to Nov 9 1932 that I last saw him alive on Nov 9 1932 and that death occurred, on the date stated above, at 11:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac dilatation
acute (Secondary)
Renia

18. WHERE WAS DISEASE CONTRACTED 95 B
IF NOT AT PLACE OF DEATH: _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. C. Moffet 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 Windsor
DATE OF BURIAL Nov 11 1932

20. UNDERTAKER J. A. Housey Calhoun
ADDRESS _____

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.

