

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

Do not use this space.

36307

1. PLACE OF DEATH
County Henry Registration District No. 14
Township X Primary Registration District No. 4211
City Windsor (No.) St. Ward) (No.) Ward)

2. FULL NAME Winfred Earl Cahill
(a) Residence, No. 406 South Tebo St. Ward. (If nonresident, give city or town and State)
(Usual place of abode) 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
Length of residence in city or town where death occurred

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) Feb. 15-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
55 9 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postmaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office

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) Ohio

13. NAME Addison Cahill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Julia Weaver

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

17. INFORMANT (ADDRESS) John Cahill
Springfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor DATE 11-22-33 19

19. UNDERTAKER (ADDRESS) Windsor, Missouri

20. FILED Nov 22 1933 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20-33 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1933, to Nov 20 1933.
I last saw him alive on Nov 19 1933. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Accident, Fractured 2nd lumbar of back severing spinal cord

Other contributory causes of importance:

53 Diabetes 1800

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 4, 1933
Where did injury occur? Windsor, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public place
Nature of injury Blow to back hitting him fall breaking back

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

(Signed) W. M. D.
(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

