

AUG 16 1935

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

Do not use this space.

22831

1. PLACE OF DEATH

County FranklinRegistration District No. 14Township WindsorPrimary Registration District No. 4211City Windsor, Mo.

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 428 E Colo. 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. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MWMarried

5A. IF MARRIED, WIDOWED, OR DIVORCED

Status of

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

7. AGE

YEARS

MONTHS

DAYS

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

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

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 10 yrs

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE SedaliaDATE July 3 1935

19. UNDERTAKER (ADDRESS)

20. FILED

Jul 2 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on July 1, 1935. Death is said to have occurred on the date stated above, at about m.

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

Cyanosis from cerebral atherosclerosis, decubiti caused his death, some pneumonia, embolic death, hepatic arteriosclerosis.

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

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. In home.Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) N. J. Jennings.(Address) Cheney, Mo.

Coroner of Franklin Co. Missouri

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.

OCCUPATION

FATHER

MOTHER

