

MAY 22 1936

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

Do not use this space.

14932

## 1. PLACE OF DEATH

County *Henry*Registration District No. *24*

File No. ....

Township *Windsor*Primary Registration District No. *24/11*Registered No. *10*City *Windsor* (No. ....)

St. .... Ward)

## 2. FULL NAME

*Matilda Ann Fournier*(a) Residence, No. *317 N. Main* St., .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *45* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

*F*

4. COLOR OR RACE

*W.*

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

*Widowed*

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

*deceased**David Fournier*

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

*April 4 - 1844*

7. AGE

YEARS

MONTHS

DAYS

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

*92**11*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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

*Housewife*

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

*Platte County*

FATHER

13. NAME

*Kirkendall*

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

MOTHER

15. MAIDEN NAME

*Matilda Selt*

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

*Ma*

17. INFORMANT (ADDRESS)

*Mrs C Jensen*

18. BURIAL, CREMATION, OR REMOVAL

PLACE  *Laurel Oak* DATE  *April 17 1936*

19. UNDERTAKER (ADDRESS)

*C W Austin*

20. FILED

*4-16 1936*

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

*April 15 1936*

22. I HEREBY CERTIFY, That I attended deceased from

*Jan 1935* to *April 15 1936*I last saw him alive on *April 15 1936* Death is saidto have occurred on the date stated above, at *Windsor*

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

*Lobar pneumonia*Date of onset *4-11-36*

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? *Chemical* 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

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *no*(Signed) *T B Jensen*(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

