

REC'D APR 19 1939

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

10963
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 14 5496
(b) Township Windsor Primary Registration District No. 42-1-1
(c) City Windsor (d) Street No. 1 Registered No. 5
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alphonso Elgin

(a) Residence, No. 425 St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Martha Hart Elgin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1852

7. AGE YEARS 86 MONTHS 4 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coal Miner
9. Industry or business in which work was done, as 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) Pettis County (STATE OR COUNTRY) Missouri

FATHER 13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. Ed Nace (ADDRESS) Windsor

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE mar. 2 1939

19. FUNERAL DIRECTOR (NAME) Huston-Turner (ADDRESS) Windsor, Missouri

20. FILED Mar 2 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1939 to Feb 25 1939

I last saw him in body Feb 25 1939 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Death due to natural causes - probably some heart disease Date of onset

Other contributory causes of importance: none known

Name of operation rearranged Date of Feb 25 1939
What test confirmed diagnosis? rearranged Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury Feb 25 1939

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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None

(Signed) S. B. Hughes M. D.
Corwin Henry Hughes (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.

304-9-12-39 I X16905

RECEIVED

District Health Officer No. 7,

District File Number 7-39-616

Date Filed 7-15-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

E. M. Hinton

Licensed Embalmer No. 3391

P. O. Address *Windsor, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.