

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

Do not use this space.

35590

NOV 14 1934

1. PLACE OF DEATH

County Cooper
Township
City Boonville (No. _____)

Registration District No. 218
Primary Registration District No. 3015

File No. 150
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Rayton Henry Windsor
(a) Residence, No. _____ 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) May 13 - 1934

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Mo

13. NAME Henry Windsor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Mo

15. MAIDEN NAME Ada Verta

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Mo

17. INFORMANT (ADDRESS) Henry Windsor Boonville Mo

18. BURIAL CREMATION, OR REMOVAL Walden Grove DATE Oct 23 1934

19. UNDERTAKER (ADDRESS) Goodman & Daller Boonville Mo

20. FILED Oct 23 1934 M. W. Boyworth Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1934

22. I HEREBY CERTIFY, That I attended deceased from October 15 1934 to October 22 1934

I last saw him alive on October 21 1934. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Acute Entero-celitis Date of onset _____
11:15 AM
11:15 AM
Other contributory causes of importance: Acute Otitis media - (Ry. P. I.)

Name of operation _____ Date of _____

What test confirmed diagnosis? Clue 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 _____, 1934

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? no

If so, specify (Signed) M. H. Gray, Jr. M. D.
(Address) Boonville 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.

