

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.

DEC 8 1936

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

Do not use this space.

49381

Steehorn
Not named

1. PLACE OF DEATH

County Pike Registration District No. 689
Township Puffalo Primary Registration District No. 3033
City Louisiana (No. Pike County Hospital) St. _____ Ward)

2. FULL NAME

Windmiller
(a) Residence, No. Clearsville, Mo Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-24-36</u>				
AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>Steehorn</u>				

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

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

13. NAME Clarence Windmiller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Illinois

15. MAIDEN NAME Viola Lorene Pannell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Missouri

17. INFORMANT (ADDRESS) Clarence Windmiller
Clearsville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clearsville, Mo DATE 11/25 36

19. UNDERTAKER (ADDRESS) J. H. Brown
Clearsville, Mo

20. FILED 11/24 1936 J. H. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-24, 1936, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Steehorn pneumonia
2 1/2 months

Other contributory causes of importance:

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? _____ 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 _____
(Signed) G. B. Gunnery M. D.
(Address) Louisiana, Mo

