

RECEIVED FEB 9 1938

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

3093
Do not use this space.

1. PLACE OF DEATH
(a) County Mercer Registration District No. 556
(b) Township Morgan Primary Registration District No. 5490 Registered No. 8
(c) City _____ (d) Street No. _____ 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 Ida Windsor
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Genesl Windsor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23 1862
7. AGE YEARS 76 MONTHS 8 DAYS 11 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8 1938
22. I HEREBY CERTIFY, That I attended deceased from July 26 1938 to Sept. 8 1938
I last saw him alive on Sept. 7 1938 Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:
Myocardial Regurgitation
Cardio-vascular-renal disease with special reference to the degree of nephritis.
Date of onset 1900

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Involved
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) (STATE OR COUNTRY) Princeton 7 Mo 1
13. NAME John L. King
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1
15. MAIDEN NAME Mary Parratt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

Other contributory causes of importance: 1 1/2
Coma and edema of lungs. 48
Chronic nephritis hrs

17. INFORMANT Kary Windsor (ADDRESS) Princeton
18. BURIAL, CREMATION, OR REMOVAL PLACE King Cemetery DATE 9-5-38
19. FUNERAL DIRECTOR Marion Funeral Home (ADDRESS) Princeton 494
20. FILED 8/26 1938 J M Perry Local Registrar.

Name of operation _____ Lab and _____ Date of _____
What test confirmed diagnosis? Phys 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? No
If so, specify _____
(Signed) S. Bristow S. Bristow M. D.
(Address) Bristow Bldg
Princeton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of information should be carefully supplied. AGE should be stated EXACTLY. F. LITTON'S should be

STATEMENT BY LICENSED EMBALMER

I, H. J. Martin, Licensed Embalmer No. 2166

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Mat

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed H. J. Martin

Licensed Embalmer No. 2166

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3093

Do not use this space.

1. PLACE OF DEATH

(a) County Merced Registration District No. 536
 (b) Township Morgan Primary Registration District No. 5750 Registered No. 8
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Joda Widner

(a) Residence, No. _____ 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid
(write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>76</u>	<u>8</u>	<u>11</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) (STATE OR COUNTRY)

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 3/14/39 19. A. S. Bristow M. D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__ to _____, 19__
 I last saw h. _____ alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____

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) A. S. Bristow, M. D.
 (Address) Princeton

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Errors of omission in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

