

REC'D AUG 17 1939

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

25715  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Henry Registration District No. 14  
 (b) Township \_\_\_\_\_ Primary Registration District No. 14211  
 (c) City Windsor (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.

Registered No. 15**2. PRINT FULL NAME** Mrs. Helena Garber Nine

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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: William E. Nine, Sr.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20, 1869  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 4 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home maker  
 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) unknown (STATE OR COUNTRY) Illinois

13. NAME Samuel Garber  
 14. BIRTHPLACE (CITY OR TOWN) Lancaster County (STATE OR COUNTRY) Pennasylvania

15. MAIDEN NAME Kathryn Staker  
 16. BIRTHPLACE (CITY OR TOWN) Alsace-Lorraine (STATE OR COUNTRY) France

17. INFORMANT William E. Nine (ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE July 24, 1939

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

20. FILED July 24, 1939 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1939, to July 22, 1939  
 I last saw her alive on July 20, 1939. Death is said to have occurred on the date stated above, at 7:30 p m  
 The principal cause of death and related causes of importance were as follows:

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

Date of onset

Chronic Myocarditis ?Other contributory causes of importance: 43C

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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) Ray B. Jordan, M. D.  
 (Address) Windsor Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED  
District Health Officer No. 7,  
District File Number 7-39-1180  
Date Filed 8-9-39

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. W. M. Austin  
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.**