

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

Do not use this space.

13634

1. PLACE OF DEATH

27 County *Cooper*
Township *Saline*
City *.....* (No. *.....*)

Registration District No. *225*
Primary Registration District No. *5306*

File No. *.....*
Registered No. *6*
St. *.....* Ward *.....*

2. FULL NAME *Philip Alfred Marion 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) *married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec 16 - 1863*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 3 27

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Retired*
(b) General nature of industry, business, or establishment in which employed (or employer) *.....*
(c) Name of employer *.....*

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *.....*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Alfred Windsor 31*
12. MAIDEN NAME OF MOTHER *Julia Cass*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

14. INFORMANT *Chas. Windsor*
(Address) *Overtown mo*

15. FILED *4-14-31* *W. E. Hooper* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19 *.....*

17. I HEREBY CERTIFY, That I attended deceased from *April 1* 19 *31* to *April 12* 19 *31* that I last saw him alive on *April 10* 19 *31*, and that death occurred, on the date stated above, at *8:00* A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis
9:30 (duration) *1* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *PS 20* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH *.....*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF *.....*
WAS THERE AN AUTOPSY? *no*
WHAT TEST CONFIRMED DIAGNOSIS? *physical examination*
(Signed) *W. E. Hooper* M. D.
4-13 1931 (Address) *Boonville mo*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Cooper Chappel Cem* DATE OF BURIAL *4-14 1931*

20. UNDERTAKER *Albert Hornbeck Prairie Home mo* ADDRESS

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.

MAY 23 1931

11
2 1/2 (S) 100
3 1/2 d 100
4 1/2 d 100
5 1/2 d 100

100
100
100