

JUL 18 1936

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

Do not use this space.

22403

1. PLACE OF DEATH

County Copper Registration District No. 218
Township Saline Primary Registration District No. 3045
City Boonville (No. St. Joseph Hospital) St. _____ Ward _____

File No. _____
Registered No. 74

2. FULL NAME

Martha Ann Windsor

(a) Residence, No. _____ St. _____ Ward. Wooldridge Mo.
(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marion Windsor</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8 - 1864</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>1</u>
	DAYS <u>11</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 19 1936
22. I HEREBY CERTIFY, that I attended deceased from 6 - 15 1936 to 6 - 19 1936
I last saw her alive on 6 - 19 1936 Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma uterus
Date of onset but unknown
Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) A. L. Meredith, M. D.
(Address) Prairie Home Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>James Penfrow</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Amanda Wood</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	17. INFORMANT (ADDRESS) <u>H. Windsor Boonville Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLA <u>Coppelchappell</u> DATE <u>6 - 21 1936</u>	
19. UNDERTAKER (ADDRESS) <u>G. A. Hombeck Prairie Home Mo</u>	
20. FILED <u>J. N. E. 20 1936</u> <u>D. Hooper</u> Registrar.	

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

