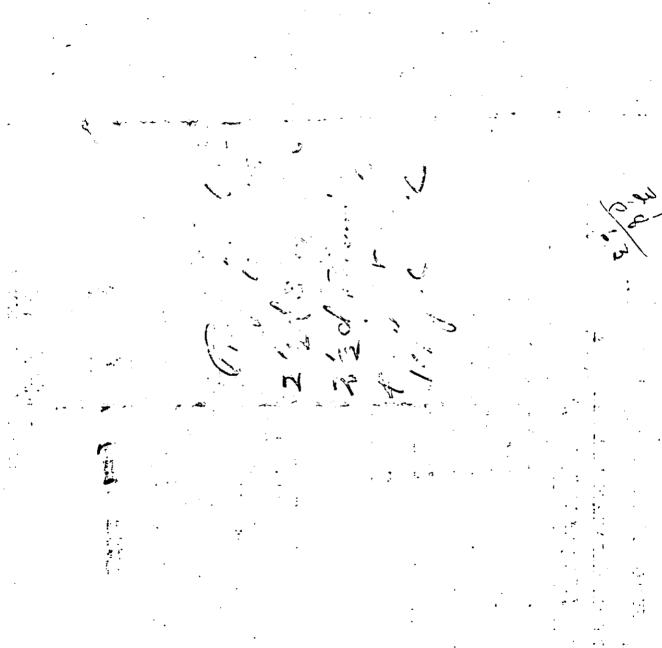
0 43	BUREAU OF V	BOARD OF HEALTH ITAL STATISTICS ATE OF DEATH  Do not use this space.  13634
state rtant.	1. PLACE OF DEATH)	10004
1904 E	County CAORUN Registration District	et No. 225 Pile No.
should y impo 1931	Township Salute Primary Registration	
S at	City	St. Ward)
IANS should state is very important. 2 S 1931		a.l ' /
	2. FULL NAME Pulip alfred Marion	windsor
PHYSICIANS PATION is ver UMY 2.8	(a) Residence. No	
PH (	(Usual place of about)  Length of residence in city or town where death occurred yrs. mos.	(If nonrexident, give city or town and State)  ds. How long in U.S., if of foreign birth? yrs. mos. ds.
		11
OCCUPATION	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTLY ent of OC	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR	16. DATE OF DEATH (MONTH, DAY AND YEAR) 19
X i	DIVORCED (write the word)	17.
	male white married	HEREBY CERTIFY, That I stiended deceased from
stated	SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	april 1 1921 to Caril 12 1931
	(OR) WIFE OF	that I last saw h alive on alive on 1931, and that
ld be Exact	_ mouna wenasor	death occurred, on the date stated above, at
should d. Ex	6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16 - 1863	THE CAUSE OF DEATH+ WAS AS FOLLOWS:
ર્યું કુ	7. AGE YEARS MONTHS DAYS If LESS than 1	sussocar ditis
AGE	18 3 27 day,hrs. ormin.	
AGE sh	68 3 27 ormin.	
	8. OCCUPATION OF DECEASED	
supplied, properly	(a) Trade, profession, or Potal	(duration) yrs. mos. ds.
supplie properl	particular kind of work	CONTRIBUTORY
T I	(b) General nature of industry, business, or establishment in	(SECONDARY)
H C	which employed (or employer)	(diration) yrs. mos. ds.
carefully may be	(c) Name of employer	18. WHERE WAS DEEASE CONTRACTED
bat i	9. BIRTHPLACE (CITY OR TOWN)	IF NOT AT PLACE OGGENATH.
should	(STATE OR COUNTRY) MISSOURI	ODID AN OPERATION PRECEDE DEATH W. DATE OF
sho	10. NAME OF FATHER	WAS THERE AN AUTOPSYT WO
8 <u>E</u>		Pumal Dome
te at	11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSIST
aform plain	STATE OR COUNTRYSELFIED Windson	(Signed) M. D.
of information I in plain term	(STATE OR COUNTRY CLIPS OF TOWN)  12. MAIDEN NAME OF MOTHER CLIP OR TOWN)	4-13,1931 (Address) Borwillo Mix
2 H	V	*State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state
A T	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	(1) MEANS AND NATURE OF INJURY, and (2) Whether Accidental, Suicidal, or
DE.	(STATE OR COUNTRY) United with	Homicidal.
-Every item of OF DEATH	INFORMANT Chas windson	19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
HO.	(Address) Onto The Ma	0.01 8/11 00
B. I.	15.	Cooks prapper Cem 4-14 13
CAT.	FILED 7-14 195/ /// // // // // // // // // // // //	20. UNDERTAKER ADDRESS
	REGISTRAR	To Allent Horn Leek Prairie Home
		THE THE PARTY OF T
- 11		$\mathbf{W}(b)$



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