23 1929

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

Do not use this space.
5315

1. PLACE OF DEATH
County Adair
Township Benton
City ..... (No. ..... St. ..... Ward)
Registration District No. 4
Primary Registration District No. 5005
File No. .....
Registered No. 52

2. FULL NAME Winfield F. Maltby
(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 M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/14-1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
67	2	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(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) Lee. Co. Ia.

PARENTS
10. NAME OF FATHER L. B. Maltby
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ia.
12. MAIDEN NAME OF MOTHER Susan Fish
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ia.

14. INFORMANT Loren Maltby
(Address) Kirksville. Mo.

15. FILED 3/30, 1929 [signature] Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 10, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929, to Feb 10, 1929 that I last saw him alive on Feb 10, 1929, and that death occurred, on the date stated above, at 4 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Degeneration, left Brocas area
97
87B (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Age & hard work & Arteriosclerosis (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 findings
(Signed) Roy M. Wolf, M.D.
7/11, 1929 (Address) Kirksville 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 Sabbath House
DATE OF BURIAL 7/12 1929

20. UNDERTAKER F. R. Easley.
ADDRESS Bradner. Mo.

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.

1929- 2- 10
1861- 11- 14
67-2--26