

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

Do not use this space.

38526

1. PLACE OF DEATH

County Pemiscot Registration District No. 656
Township _____ Primary Registration District No. 6281
City Holland (No. 93) _____ St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>w.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>F. C. Winters</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 14 1847</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>8</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</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 _____		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-11-1931

22. I HEREBY CERTIFY, That I attended deceased from night the 10th to _____, 1931.
I last saw him alive on 11-11, 1931. Death is said to have occurred on the date stated above, at 8:00 p.m.
The principal cause of death and related causes of importance were as follows:
Age
16 1/2

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crestonville</u> <u>Tenn</u>
13. NAME <u>Robin Black</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>
15. MAIDEN NAME <u>Miss Garrett</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>
17. INFORMANT (ADDRESS) <u>R. L. Winters</u> <u>Holland Mo R. 1</u>
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Columbus</u> DATE <u>11-12-1931</u>
19. UNDERTAKER (ADDRESS) <u>German Undertaker</u> <u>St. Louis</u>
20. FILED <u>Jan 9 1931</u> <u>A. Harrison</u> Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) J. B. Mansfield, M. D.
(Address) St. Louis Mo

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

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.

