

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

41790

1. PLACE OF DEATH

County Pitts
Township Sedalia
City Sedalia (No. 1317 E. 6 E St)

Registration District No. 668
Primary Registration District No. 3032

File No. 343
Registered No. 343
St. Sedalia Ward 1

FULL NAME Cora Winner

(a) Residence, No. 1317 E. 6 E St., Sedalia Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. M. Winner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-23-1867

7. AGE YEARS 74 MONTHS 2 DAYS 11 IF LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. House Wife

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

12. BIRTHPLACE (CITY OR TOWN) Morgan County (STATE OR COUNTRY) Mo

13. NAME Henry Yandell

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)

17. INFORMANT C. M. Winner (ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 12/7/31

19. UNDERTAKER McLaughlin Bros (ADDRESS) Sedalia Mo

20. FILED 12-5-1931 J. J. Love Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4th. 1931

22. I HEREBY CERTIFY that I attended deceased from Aug 28 to Dec 4th 1931

I last saw him alive on Dec 4 1931 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis cerebral 2nd stroke 12/4/31

82 A

Other contributory causes of importance:

None

Name of operation None

What test confirmed diagnosis? Chemical analysis Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury 12/4/31

Where did injury occur? At home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify None (Signed) J. J. Love M. D. (Address) 1214 E. 6 E Sedalia Mo

