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.

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

Do not use this space.

15

1. PLACE OF DEATH
County Camden — Registration District No. 119 — File No. 15480
Township Jackson — Primary Registration District No. 5171 — Registered No.
City ~~Toronto~~ (No. ..... St. ..... Ward)

2. FULL NAME James Madison Winfrey
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 80 mos. 9 ds. 1 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2. 1837.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
80	9	1	

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) Toronto Mo
(STATE OR COUNTRY) Camden Co

PARENTS
10. NAME OF FATHER James Madison Winfrey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2
(STATE OR COUNTRY) R.Y.
12. MAIDEN NAME OF MOTHER Nellie Con
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn

14. INFORMANT Jim Winfrey Jr.
(Address)

15. FILED May 8 1932 Mrs W. J. Clarke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) May - 3 - 1932

17. I HEREBY CERTIFY, That I attended deceased from Apr 12, 1932, to May 4, 1932, that I last saw him alive on May 3, 1932, and that death occurred, on the date stated above, at 9 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronical Pneumonia
107A
(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Old Age
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Home (1)
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. H. C. Murphy, M. D.
5. 4, 1932 (Address) Richland 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: Page Cemetary — DATE OF BURIAL: 5-5-1932.

20. UNDERTAKER: W. H. Jones — ADDRESS: Richland