WHITE PLAINLY WITH PLEASING 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.

27043

1. PLACE OF DEATH

84 County Polk — Registration District No. 700 — File No. 16

Township Union — Primary Registration District No. 6249 — Registered No.

City Aldrich (No. ..... St. ..... Ward)

2. FULL NAME James Marion Winfield

(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 16 yrs. 5 mos. 22 ds. 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): Widowed married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 10, 1866

7. AGE: YEARS 66 — MONTHS 4 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer 1
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): Sept 1931
11. Total time (years) spent in this occupation: 46 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Polk Co. Mo. 1

FATHER

13. NAME: Cyrus M. Winfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Barbara E. Dickerson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bowling Green Ky 2

17. INFORMANT (ADDRESS): Noah Winfield

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Ridge DATE: Aug 19, 1932

19. UNDERTAKER (ADDRESS): G. E. Poulson, Aldrich Mo.

20. FILED: Aug 19, 1932 E. E. Moore, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug - 18 - , 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb - 19 - , 1932, to Aug - 18 - , 1932

I last saw him alive on Aug - 12 - , 1932. Death is said to have occurred on the date stated above, at 5 a. m.

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

	Date of onset
Carcinoma of Bladder	Day
5 B 5/13	1 Year

Other contributory causes of importance: None

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no

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? no

If so, specify ✓

(Signed) W. T. Myers, M. D.

(Address) Aldrich Mo.