

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

Do not use this space.

39383

1. PLACE OF DEATH

41 County Harrison Registration District No. 340
Township White oak Primary Registration District No. 5476
City (No.) St. Ward

File No. _____

Registered No. _____

2. FULL NAME Oscar Winstead

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
25 11 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. auto supply salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 172

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Turney, Mo.

13. NAME Wm Thomas Winstead

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

15. MAIDEN NAME Nannie F Newby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co., Mo.

17. INFORMANT (ADDRESS) Mrs Rudrew Bentley
Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL Woodward Okla DATE Dec. 27, 1933

19. UNDERTAKER (ADDRESS) Paul H. Young
Berkman Mo

20. FILED Jan 10, 1933 Winstead Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to morning, 19____.
I last saw h. 2:00 PM alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:30 PM.

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

Auto-mobile accident Date of onset _____
Accidentally struck by loose iron pavement - car rolled in ditch - broken neck & right shoulder

Other contributory causes of importance: neck & right shoulder

Name of operation: 5/10 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? accident Date of injury 12/21, 1932

Where did injury occur? near New Hampton, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on Highway # 4

Manner of injury auto - accident

Nature of injury broken neck - broken shoulder

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

If so, specify James P. Ryan M.D.

(Signed) J. Redgeway (Address) Coroner
Redgeway, 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.

JAN 9 1933

