

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

Do not use this space.

22541

1. PLACE OF DEATH

County Carroll Registration District No. 134
 Township ridge Primary Registration District No. 4075
 City Rosworth, (No. _____, St. _____ Ward _____)

2. FULL NAME Mrs Hannah Winfrey

(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 F.	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Winfrey				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8th 1875				
7. AGE 58	YEARS	MONTHS 2	DAYS 16	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper			
	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) (STATE OR COUNTRY) Virginia City Nevada				
FATHER	13. NAME Thos Frook			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio			
MOTHER	15. MAIDEN NAME Kathren Neichter			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
17. INFORMANT Charles Winfrey (ADDRESS) Bosworth MO.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Elizabeth DATE 7-28 19 33				
19. UNDERTAKER Lucie Leonard (ADDRESS) 1305 W. 2nd MO.				
20. FILED July 25, 1933 Mrs. Bow Brain Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 24, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 20** 19**31** to **July 24** 19**33**
 I last saw **her** alive on **July 24** 19**33** Death is said to have occurred on the date stated above, at **12 A.** m.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lung.
23A
24A
 Other contributory causes of importance:
Tuberculosis of Brain

Name of operation **Chined** 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? **Yes**
 If so, specify _____
 (Signed) **Asst. Bow Brain** M. D.
 (Address) **Bosworth 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.

AUG 22 1933

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