

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.

NOV 10 1933

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

Do not use this space.

32670

1. PLACE OF DEATH

County Dunklin Registration District No. 283
Township Buffalo Primary Registration District No. 5402
City (No. _____) St. _____ Ward _____

2. FULL NAME

Jewell Winberry
(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. 1 mos. 6 ds. / How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
9 1 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 _____
child

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co Mo

13. NAME Herbert T. Winberry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co Mo

15. MAIDEN NAME Audrey Wilson

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

17. INFORMANT H. T. Winberry
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Cardwell Mo DATE Oct 4 1933

19. UNDERTAKER Hans Mull
(ADDRESS)

20. FILED 10-4 1933 Ed. Base
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 1933

22. I HEREBY CERTIFY, That I attended deceased from July 33 to Oct 33 1933
I last saw him alive on Oct 1 1933 Death is said to have occurred on the date stated above, at 10:29 a.m.

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

Gaucher's Disease Date of onset 1929
1918
73
Secondary Anemia 6 mos

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) LeRoy French, M. D.
(Address) Cardwell Mo.

