

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.

JAN 26 1934

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

Do not use this space.

40411

1. PLACE OF DEATH

County Jackson Registration District No. 4041
Township Washington Primary Registration District No. 3338
City Grandview (No. _____) St. _____ Ward _____

File No. _____
Registered No. 67

2. FULL NAME Mrs. Fannie A. Wintermute

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 26, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 8 1

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) Birmingham Ohio

13. NAME Fannie

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

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Harry Wintermute
(ADDRESS) Grandview Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah Cem. DATE 12/29 1933

19. UNDERTAKER E. H. George & Sons
(ADDRESS) Grandview Mo

20. FILED 12-28-1933 B. B. Damorel
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 Nov. 24 1933 to Dec 27 1933

I last saw h. ~~h.~~ alive on Dec 26 1933 Death is said to have occurred on the date stated above, at 2:30 Am.

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

Cerebral Hemorrhage Date of onset 12-18-33
Bulbar Paralysis 12-24-33
Cerebral Sclerosis many a year
hypertension of heart " "

Other contributory causes of importance 87 1/2 87 1/2 May 24

Name of operation none Date of none

What test confirmed diagnosis clinical Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury None 1933

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify fall

(Signed) Harriet Day M. D.

(Address) Grandview Mo

