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. 40678

1. PLACE OF DEATH

59 County Livingston, Registration District No. 5-15- File No.

Township Blue Mound, Primary Registration District No. 5-654 Registered No. 9

City (No. , St. Ward)

2. FULL NAME Arthur Elmer Winfrey,

(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 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. [redacted] MARRIED, [redacted] OR (write the word) Married,

5A. IF MARRIED, [redacted] HUSBAND OF [redacted] Rose Winfrey,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb.-22-1888

7. AGE Years 44 Months 9 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Oct. 1933

11. Total time (years) spent in this occupation 20yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County, Missouri

FATHER

13. NAME J. D. Winfrey,

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

MOTHER

15. MAIDEN NAME Sarah J. Houseworth,

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

17. INFORMANT (ADDRESS) Mrs. Rose Winfrey.

18. BURIAL, CREMATION, OR REMOVAL PLACE Braymer Cemetery. DATE Dec.4-1933

19. UNDERTAKER (ADDRESS) E. P. Michael, Braymer, Mo.

20. FILED Dec 7, 1933 Teressa A. Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Nov 28, 1933

I last saw him alive on Nov 28, 1933. Death is said to have occurred on the date stated above, at 6 9 m.

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

	Date of onset
Tuberculosis of Kidneys	1932
30	

Other contributory causes of importance:

30

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) Geo Moore, M. D.

(Address) Lindlow Mo