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.

FEB 27 1934

89

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

Do not use this space.

1. PLACE OF DEATH
County Ray — Registration District No. 744 — File No. 2268
Township Rockwood — Primary Registration District No. 5976 B, — Registered No. 18
City Henrietta (No. ..... , ... St. ..... Ward)

2. FULL NAME Millard F. Winnegar
(a) Residence, No. Henrietta Mo 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. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1856

7. AGE: YEARS 77 — MONTHS 5 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner
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) Missouri

FATHER
13. NAME do not know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " "

MOTHER
15. MAIDEN NAME " " "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " "

17. INFORMANT (ADDRESS) Robt. Winnegar Henrietta Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Camden Mo DATE 1/25/34, 19

19. UNDERTAKER (ADDRESS) C. M. Joiner Richmond Mo

20. FILED 2-9, 1934 E. E. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/23/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/8th 1930, 19..., to 1/23rd 1934, 19...
I last saw him alive on 1/23rd 1934, 19... Death is said to have occurred on the date stated above, at 10:40 A.M. 10:40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intersticial	
131 Nephritis	
131	

Other contributory causes of importance:

Name of operation NONE Date of .....
What test confirmed diagnosis? Urinallasis 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? NO
If so, specify
(Signed) Dr. J. V. Smith, M. D.
(Address) Henrietta, Mo