

MAR 24 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County

Township

City

La Clede

Lebanon

(No. ....)

Registration District No.

Primary Registration District No.

449

5609

File No.

Registered No.

5501

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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.

da.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

F

## 4. COLOR OR RACE

W

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Thomas Winfrey

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 1 1863

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

71

4

22

OCCUPATION

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

Housewife

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)

Miller Co Mo

## 13. NAME

FATHER

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

## 15. MAIDEN NAME

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

## 17. INFORMANT (ADDRESS)

## 18. BURIAL, CREMATION, OR REMOVAL PLACE

## 19. UNDERTAKER (ADDRESS)

## 20. FILED

2/23

1934

Ja M Lamb

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

2-22-1934

## 22. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1934, to Feb 22, 1934

I last saw him alive on Feb 1, 1934. Death is said

to have occurred on the date stated above, at 4 a.m.

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

Bacterial Hemorrhage

Date of onset

2-25-34

Other contributory causes of importance:

Name of operation

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

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?

If so, specify

(Signed) H. G. Hamilton, M. D.

(Address) Lebanon, Mo.

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.

IMMEDIATE REC.

ING INK...

WRITE PLAINLY, WITH...

