

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.

JUN 20 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BollingerRegistration District No. 67Township LorancePrimary Registration District No. 3702CCity Lutesville

(No.)

St.

Ward)

2. FULL NAME Henry Washington Winters

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

Mary Winters.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24th 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

79526

OCCUPATION

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

Farmer,

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)

Bollinger Co,

FATHER

13. NAME

Ritchard Winters.

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

Dont Know.

MOTHER

15. MAIDEN NAME

Dont Know

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

Dont Know

17. INFORMANT

(ADDRESS)

Mr. & Mary Winters.Lutesville. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Deak Cemetery

DATE

May, 22,34

19. UNDERTAKER

(ADDRESS)

A. J. BakerLutesville. Mo.

20. FILED

May 25 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 20th 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 4 1933, to May 20 1934I last saw him alive on May 18 1934 Death is saidto have occurred on the date stated above, at 11:30 A m.

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

92H

Date of onset

Chronic Valvular Heart Disease

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?

If so, specify

(Signed)

A. T. Kirkpatrick M. D.

(Address)

Lutesville Mo.

