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 27 1934

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

Do not use this space.

File No. 19168

Registered No.

1. PLACE OF DEATH

County Scott — Registration District No. 8 W

Township — Primary Registration District No. 4496

City Oran Mo (No. ..... St. ..... Ward)

2. FULL NAME Mary Elmine Winters

(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: Fem.

4. COLOR OR RACE: Amer.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: A. H. Winters

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 9-1857

7. AGE: 82 YEARS, 5 MONTHS, 8 DAYS. If LESS than 1 day, — hrs. or — min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Burfordville Mo
(STATE OR COUNTRY) Cape Gir.

PARENTS

10. NAME OF FATHER: J. F. Proffer Sr

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER: Mariah Link

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri

14. INFORMANT: H S Winters
(Address) Oran Mo

15. FILED 6/9 1934 G. S. Lickman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/17 1934

17. I HEREBY CERTIFY, That I attended deceased from 5/17 1933, 19..., to 5/17, 1934 that I last saw her alive on 5/17, 1934, and that death occurred, on the date stated above, at 12-30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility

162

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Age

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) H S Winters, M. D.

, 19 (Address) Oran, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Friend Cemetry — DATE OF BURIAL: 5/18 1934

20. UNDERTAKER: T. S. Heisserer & Co — ADDRESS: Oran Mo