

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

Do not use this space.

21407

1. PLACE OF DEATH

County Pemissot Registration District No. 656
Township Coates Primary Registration District No. 6281
City St. Louis (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S.. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-29-1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 4 5

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Canada Switz

MOTHER FATHER
13. NAME Joe Winchley

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

MOTHER FATHER
15. MAIDEN NAME Maryne Winchley

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

17. INFORMANT (ADDRESS) Joe Winchley

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 6-4 1934

19. UNDERTAKER (ADDRESS) Wagoner

20. FILED 6-8 1934 Tom Wigner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4 1934

22. I HEREBY CERTIFY, That I attended deceased from 4 1934 to 6-4 1934

I last saw him alive on 4 1934. Death is said to have occurred on the date stated above, at 11 a.m.

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

Colitis
1198 / 109

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? typh 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 _____, 1934

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) Joe Winchley M. D.
(Address) St. Louis

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 25 1934

1
2
2



The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on
 the subject of the above-captioned tract of land.
 The tract of land described in the above-captioned
 instrument is situated in the County of [County Name],
 State of [State Name], and is more particularly
 described as follows: [Description of land]
 The above-described tract of land is owned by [Owner Name],
 who is the holder of the title to the same.
 The tract of land is situated in the [Section] of the
 [Township] of the [Range] of the [County Name],
 State of [State Name].
 The tract of land is bounded on the north by [Boundary],
 on the south by [Boundary], on the east by [Boundary],
 and on the west by [Boundary].
 The area of the tract of land is [Area] acres.
 The tract of land is more particularly described as
 follows: [Detailed description of land boundaries and area]