

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

Do not use this space.

21438

1. PLACE OF DEATH

County DeKalb
Township DeKalb
City DeKalb

Registration District No. 668
Primary Registration District No. 9032
(No. Bathville Road)

File No. 207
Registered No. 668
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Mary E. Winfrey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 1868

7. AGE YEARS 66 MONTHS 8 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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) 1934 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller County Mo

13. NAME Mrs John Winfrey

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

15. MAIDEN NAME Nancy Meredith

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

17. INFORMANT (ADDRESS) Mrs Mary E. Winfrey

18. BURIAL, CREMATION, OR REMOVAL PLACE La Monte DATE 6-17 19 _____

19. UNDERTAKER (ADDRESS) A. J. Carter

20. FILED 6-19-1934 John Black Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1934

I HEREBY CERTIFY, That I attended deceased from June 8 1934, to June 15 1934
I last saw him alive on June 15 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:

Obstruction Bowel.
Caused by band of adhesion
twist in ascending
colon. Date of onset 6-8-34

Other contributory causes of importance: 2 perforations in loop of
jejunum

Name of operation Abdominal Date of 6-15-34
What test confirmed diagnosis? ✓ 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 6-15-34
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 NE. Walker M. D.
(Signed) La Monte Mo (Address)

