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

Do not use this space.

1. PLACE OF DEATH
County: St. Francois
Township: St. Francois
Near — City: Farmington, Mo. (No. ..., ... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 60184

File No. 21652
Registered No. 66

2. FULL NAME: Charlotte A. Winser
(a) Residence, No. Dixon, Mo. 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: Female
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: G. L. Winsor

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

7. AGE: Years 46 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

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): New York

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Hospital Records, Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Dixon Mo. DATE: 6-3 1934

19. UNDERTAKER (ADDRESS): Farmington Und Co

20. FILED: June 2, 1934 Farmington Mo. B. R. Robinson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1934, to June 1, 1934
I last saw h. alive on May 31, 1934. Death is said to have occurred on the date stated above, at 9:40 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyrotoxicosis (Toxic Adenoma)	3-4 1934
Acute Myocarditis	" "

Other contributory causes of importance:

Psychosis with other Somatic Diseases (Thyrotoxicosis Disease)	March 8, 1934

Name of operation: None Date of
What test confirmed diagnosis? Clinical 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 ....., 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? No
If so, specify
(Signed) C. C. Quit, M. D.
(Address) Farmington, 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.