

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

Do not use this space.

24428

1. PLACE OF DEATH

County JACKSON Registration District No. 3
 Township RAW Primary Registration District No. 10
 City KANSAS CITY (No. RESEARCH HOSPITAL) St. _____ Ward _____

File No. 3020
 Registered No. _____

2. FULL NAME

MRS. ANNA J WINFREY
 (a) Residence, No. INEZ HOTEL 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF DR. N. B. WINFREY
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY-26-1859
 7. AGE YEARS 74 MONTHS 11 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME
 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) MISSOURI

13. NAME WILLIAM STONES

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

15. MAIDEN NAME MARY FARMER

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

17. INFORMANT DR. N. B. WINSREY
 (ADDRESS) INEZ HOTEL

18. BURIAL, CREMATION, OR REMOVAL PLACE PLEASANT HILL, Mo. DATE JULY-8-1934

19. UNDERTAKER D. W. NEWBOMER'S SONS
 (ADDRESS) KANSAS CITY, MISSOURI

20. FILED July 8 1934 7m.m.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY-5-1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1934 to July 5 1934
 I last saw her alive on July 5 1934 Death is said to have occurred on the date stated above, at 10 m.
 The principal cause of death and related causes of importance were as follows:

Encephalitis (Epidemic?) Date of onset: June 26, 1934
17
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Spinal fluid Was there an autopsy? Yes

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) Robert McLaughlin, M. D.
 (Address) 1024 Professional Bldg.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 21 1934

1024 Professional Bldg

12-3:30