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.

DEC 18 1934

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

Do not use this space.

39932

1. PLACE OF DEATH

County Lewis — Registration District No. 477 — File No.

Township — Primary Registration District No. 4286 — Registered No. 59

City Canton (No. ..... St. ..... Ward)

2. FULL NAME Jennie Winkler

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: John W. Winkler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 20 1859

7. AGE: YEARS 75 — MONTHS 4 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
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): Dade County Missouri

FATHER

13. NAME: John Hays
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Jane Kent
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Ody Winkler, Canton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Canton Mo. DATE Nov 25, 1934

19. UNDERTAKER (ADDRESS): Carl H. Barkley, Canton Mo.

20. FILED 11-24, 1934 H. W. Harris, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1934, to Nov 22, 1934

I last saw her alive on Nov 22, 1934. Death is said to have occurred on the date stated above, at 6:30 P.m.

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

Cerebral Hemorrhage — Date of onset Nov 23/34

131

82 Pt

107

131

Other contributory causes of importance:

Chronic Interstitial Nephritis — Dark Urine

& High Blood Pressure

Name of operation None — Date of

What test confirmed diagnosis? Examination — 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 ....., 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) H. W. Harris, M. D.

(Address) Canton Mo.