

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.

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

Do not use this space.

FEB 25 1935

939

1. PLACE OF DEATH

County Linn Registration District No. 318
 Township Springfield Primary Registration District No. 200
 Suburban Springfield No. 944 N. Main (No. 944 N. Main)

File No. _____
 Registered No. 27
 St. _____ Ward _____

2. FULL NAME Lenna Winkley

(a) Residence, No. 944 N. Main St. _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Winkley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23, 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 28

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) mo

13. NAME Dorcas Hill

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

15. MAIDEN NAME Vergna Hill

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

17. INFORMANT (ADDRESS) Mrs. N. Hill 944 N. Main

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE 1-24-35

19. UNDERTAKER (ADDRESS) Floyd W. Ford 217 W. Walnut

20. FILED 1-24-35 R. W. Tangelon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 1935

22. I HEREBY CERTIFY that I attended deceased from Jan 21, 1935 to Jan 21, 1935
 I last saw her alive on Jan 21, 1935. Death is said to have occurred on the date stated above, at 9 P. m.

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

Angina Pectoris
P. H. A.

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) W. F. Kern, M. D.
 (Address) Springfield mo

