

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 21 1935

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

Do not use this space.

36935

1. PLACE OF DEATH

County PETTIS.
Township BLACKWATER
City (No.) (No.) (No.)

Registration District No. 112
Primary Registration District No. 3856

File No.
Registered No. 6
St. Ward)

2. FULL NAME

LOUIS MARSHALL WINGFIELD

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Margaret Wingfield
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18-1880
7. AGE YEARS 55 MONTHS 1 DAYS 24 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. For Self
10. Date deceased last worked at this occupation (month and year) Oct 1935 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston, Virginia

13. NAME Custion M Wingfield

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

15. MAIDEN NAME Sara Williams

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

17. INFORMANT (ADDRESS) W. L. Wingfield, 914

18. BURIAL, CREMATION OR REMOVAL PLACE Hazel Spring DATE Nov-14-35

19. UNDERTAKER (ADDRESS) W. L. Wingfield, Houston, Mo

20. FILED Nov 12, 1935 Theresa S. Tule Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935 to Nov 9, 1935

I last saw him alive on Nov 9, 1935 Death is said to have occurred on the date stated above, at 6-30 a.m.

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

Could not find any disease present - Insomnia & age were the only factors known to me -

Other contributory causes of importance: 16

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury X, 19....

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? X

If so, specify Yes

(Signed) E. L. Perkins, M. D.

(Address) Houston, Mo

