

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

Do not use this space.

FEB 20 1936

2175

1. PLACE OF DEATH

County Waller
Township Greize
City Brumley (No.)

Registration District No. 565
Primary Registration District No. 5761a

File No.
Registered No. 65
St. Ward)

2. FULL NAME

Ersa Ellen Winfrey

(a) Residence, No. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wilfred Winfrey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan-1-1906</u>		
7. AGE	YEARS <u>30</u>	MONTHS
	DAYS <u>30</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>Life</u>
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brumley Mo.</u>	
	13. NAME <u>Walter P. Cross</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stane Park Ill.</u>	
	15. MAIDEN NAME <u>Bertha Pharnsberry</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Garden Co. Mo.</u>	
	17. INFORMANT <u>Wilfred Winfrey</u> (ADDRESS) <u>Brumley Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL <u>Newkins Cem. Brumley Mo.</u> DATE <u>2/2-36</u>		
19. UNDERTAKER <u>C. L. Casey</u> (ADDRESS) <u>Iberia Mo.</u>		
20. FILED <u>Feb 5 1936</u> <u>C. R. Hawkins</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/31-1936

22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1936, to 1-31, 1936

I last saw her alive on 1-31, 1936 Death is said

to have occurred on the date stated above, at 11 P. m.

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

acute pneumonia (lobar)

Date of onset
1-22-36

Other contributory causes of importance:

Influenza

1-22-36

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? no Date of injury, 19

Where did injury occur? no
(Specify city or town, county, and State)

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

Manner of injury no

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Myron Jones D.D.

(Address) Brumley, 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.

