

JUN 23 1936

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

Do not use this space.

16056

1. PLACE OF DEATH

County Spuller
Township Haize
City Brunley (No.)

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

File No.
Registered No. 69 (Ward)

2. FULL NAME

Sarah Winfrey

(a) Residence, No.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/23, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Winfrey

22. I HEREBY CERTIFY, That I attended deceased from March, 1935, to 4/23, 1936

I last saw her alive on March 31, 1936. Death is said to have occurred on the date stated above, at 6 a.m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 - 1862

7. AGE YEARS 73 MONTHS 9 DAYS 24 If LESS than 1 day, hrs. min.

Date of onset 1932

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 Life

Carcinoma
Primary uterine (Cervix)
Other contributory causes of importance: 4!

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME Elza Hurt

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

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

15. MAIDEN NAME Elizabeth Garman

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)

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

17. INFORMANT (ADDRESS) Wilfred Winfrey
Brunley

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

18. BURIAL, CREMATION, OR REMOVAL Reburied in Brunley DATE 4/24 1936

19. UNDERTAKER (ADDRESS) Dr. L. S. ...
Idria

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

20. FILED 5/25 1936 C.R. Hawken
Registrar.

(Signed) Raymond W. Jones
(Address) Brunley, 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.

