

Do not use this space.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

27571

1. PLACE OF DEATH

County Pettis

Township

City SedaliaRegistration District No. 668Primary Registration District No. 3032(No. 1320 S. HarrisonFile No. 27571-25Registered No. 668

St.

Ward)

2. FULL NAME Jo Etta Winfrey(a) Residence, No. 1320 S. Harrison

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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 7, 1935

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

1614

day,hrs.

ormin.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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

OCCUPATION

FATHER

MOTHER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 193622. I HEREBY CERTIFY, That I attended deceased from
JULY 20, 1936, to JULY 23, 1936I last saw her alive on JULY 23, 1936. Death is saidto have occurred on the date stated above, at 5:30 A. m.

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

R. LYE POISONING - ACCIDENTAL

Date of onset

Other contributory causes of importance:

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? ACCIDENTAL Date of injury JULY 20, 1936Where did injury occur? AT HOME IN SEDALIA MO

(Specify city or town, county, and State)

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

HOMEManner of injury DRANK GLASS OF LYENature of injury BURNS AND POISONING FROM LYE24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) C. Gordon Stauffercher, M. D.(Address) 5TH AND ENGINEER - SEDALIA, MO

PLACE

Houstonia MoDATE July 24

19

36

19. UNDERTAKER

(ADDRESS)

Gillespie Funeral HomeSedalia, Mo.

20. FILED

7/23

19

6 Jan Slack

Registrar.

NOTE: 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.

