

FEB 15 1937

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

Do not use this space.

3

1. PLACE OF DEATH

County *Adair Co*Registration District No. *4*

Township

Primary Registration District No. *Pool*City *Archieville* (No.)

St. Ward)

2. FULL NAME *Rachel Lena Winget*

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Andy Winget

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

Mar 17 1879

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

*57**9**29*

OCCUPATION

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.....

12. BIRTHPLACE (CITY OR TOWN).....

(STATE OR COUNTRY)

Mo

FATHER

13. NAME

William Ellis

14. BIRTHPLACE (CITY OR TOWN).....

(STATE OR COUNTRY)

Mo

MOTHER

15. MAIDEN NAME

Mollie Duffman

16. BIRTHPLACE (CITY OR TOWN).....

(STATE OR COUNTRY)

Mo

17. INFORMANT

(ADDRESS)

*Shirley Winget
Archieville Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Rolla Mo Jan 9 1937

19. UNDERTAKER

(ADDRESS)

*D. J. Christie
Rolla Mo*

20. FILED

Jan 11 1937

Spencer Freeman

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 6 1937

22. I HEREBY CERTIFY That I attended deceased from

*Dec 31 1936 to Jan 6 1937*I last saw h. *alive on Jan 6 1937*. Death is saidto have occurred on the date stated above, at *11:55* p. m.

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

*Pyloric obstruction of unknown
cause - probably malignant*

Date of onset

Other contributory causes of importance:

Diabetes, mellitus

Name of operation.....

What test confirmed diagnosis? *hab* *Mo* as there an autopsy? *no*

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)

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

Manner of injury.....

Nature of injury.....

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

If so, specify.....

(Signed) *Earl Haughen Jr*, M. D.,(Address) *Rolla, Mo.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

