

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1092
City Kansas City, Mo (No. Mercy Hospital)

File No. 9499
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Winona Cundiff
(a) Residence, No. 408 St. _____ Ward Bosworth Mo
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 12

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

13. NAME Dwight M. Cundiff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bosworth Mo

15. MAIDEN NAME Bernice Agabright

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

17. INFORMANT Mr Dwight M Cundiff (ADDRESS) Bosworth, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bosworth, Mo DATE 3-11-37

19. UNDERTAKER Leopard Furniture Co (ADDRESS) Bosworth, Mo

20. FILED Mar 10, 1937 M. M. Knowlton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/10/37, 1937

22. I HEREBY CERTIFY That I attended deceased from Asphyxiation, 1937

I last saw him alive on 6:05 p, 1937. Death is said to have occurred on the date stated above, at 6:05 p m.

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

Central edema Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937

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?
If so, specify _____

(Signed) [Signature], M. D.

(Address) [Address]

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.

