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.

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No. 12246
Township — Primary Registration District No. 2002 — Registered No.
City Joplin (No. 2127, Bird St. Ward)

2. FULL NAME Miss Winnfred Inez Carney
(a) Residence, No. 2127 Bird 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: Fr
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April-28-1889
7. AGE: YEARS 47 — MONTHS 10 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: School House
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): Joplin Missouri

FATHER
13. NAME: Thomas W. Carney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Elanora Elizabeth Ingram
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

17. INFORMANT (ADDRESS): Mrs Wm L. Price, Joplin Missouri
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Forest Park DATE 3-22 1937
19. UNDERTAKER (ADDRESS): The Grand-Sievers Mortuary Inc, Joplin, Mo.
20. FILED 3-20 1937 Ed D James, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March-19/1937

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1937, to March 19, 1937
I last saw her alive on March 19, 1937. Death is said to have occurred on the date stated above, at 8:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar. 17, 1937

82a1

Other contributory causes of importance: Worry - Flu - Indigestion

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? ✓ 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) Ottis L. Dickey, M. D.O.
(Address) 501-2 Friese Bldg Joplin - Mo

100M-3-28-33