

AUG 19 1937

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

Do not use this space.

26806

1. PLACE OF DEATH

County CaldwellRegistration District No. 96Township HamiltonPrimary Registration District No. 4038City Hamilton (No. _____)

File No. _____

Registered No. 20

St. _____ Ward _____

2. FULL NAME Alice E. Winslow

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James E. Winslow6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 18647. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 9 298. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

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) Jacksonville Ill13. NAME John Ford14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England15. MAIDEN NAME Mary Whitford16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England17. INFORMANT James E. Winslow (ADDRESS) Hamilton18. BURIAL, CREMATION OR REMOVAL PLACE Highland DATE July 5 193719. UNDERTAKER (ADDRESS) G. R. Staughton Hamilton Mo20. FILED July 5 1937 Male Brown Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 193722. I HEREBY CERTIFY, That I attended deceased from Oct. 1934 to July 2 1937I last saw him alive on July 2 1937. Death is saidto have occurred on the date stated above at 2:00 P.M.

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

Date of onset

Metastatic neoplasms: 1930Other contributory causes of importance: hypertensive disease of brain: 1936

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was 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 724. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) L. M. Daley, M. D.(Address) Hamilton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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