

OCT 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Benton
Township Mill
City 9 miles North Cole Camp No. _____

Registration District No. 60
Primary Registration District No. 5095

File No. 33606
Registered No. 10
St. _____ Ward)

2. FULL NAME HARRIET ISABEL CLODFELTER WINSTON

(a) Residence, No. North Main St., Ward. Windsor, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 - 1902

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 10 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant
10. Date deceased last worked at this occupation (month and year) day before 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mill Grove Mo.13. NAME Alec Clodfelter14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mill Grove Mo.15. MAIDEN NAME Jane Vanderpool16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mill Grove Mo.17. INFORMANT See A. Winston
(ADDRESS) Windsor, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mill Grove Mo DATE Sept 2, 193719. UNDERTAKER C. W. Austin
(ADDRESS) Windsor, Mo.20. FILED Oct. 14, 1937 Mo. Am. & Rhodes
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29-193722. I HEREBY CERTIFY, That I attended deceased from never 19____ to _____ 19____I last saw never alive on _____ 19____ Death is said to have occurred on the date stated above, at 7:30 P. m.

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

Automobile accident Date of onset
passengerOther contributory causes of importance: 210mName of operation _____ Date of _____
What test confirmed diagnosis Chinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 8-29-1937Where did injury occur Cole Camp, Benton Co. Mo.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place.
on Highway 65 - 9 mi NorthManner of injury _____
Nature of injury neck fractured24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. H. Fisher (Address) Carroll, M. D.(Address) Cole Camp, Mo.

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

210M
0

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

33606

Do not use this space.

1. PLACE OF DEATH

(a) County Benton
(b) Township White
(c) City

Registration District No. 60
Primary Registration District No. 5095

Registered No. 10

(d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Harriet Isabel Clodfelter Winston

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29-1937

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

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

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 10 17

The principal cause of death and related causes of importance were as follows:
automobile accident Date of case

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

passenger
Other contributory causes of importance:

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

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

FATHER 13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19... Local Registrar.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ...
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) T. S. Reser M. D.
(Address) Cole Camp

SUPPLEMENTARY

2102

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

