

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.

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

Do not use this space.

JAN 25 1938

1. PLACE OF DEATH

County Sullivan.
Township Buchanan
City _____ (No. _____, St. _____, Ward _____)

Registration District No. 849
Primary Registration District No. 6123

File No. 46971
Registered No. 49

2. FULL NAME Winnifred Ayers Jr.

(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 Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-10-1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
10 11 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
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) Green City
(STATE OR COUNTRY) Mo.

13. NAME Winnifred Ayers

14. BIRTHPLACE (CITY OR TOWN) Green City
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Myrtle Butler

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

17. INFORMANT Winnifred Ayers
(ADDRESS) Green City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green City DATE 12-17-1937

19. UNDERTAKER Glenn E. Rumb
(ADDRESS) Green City Mo.

20. FILED Jan 9 1938 Virginia Gibson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1937 19

22. I HEREBY CERTIFY, That I attended deceased from
Dec 14 1937, 19, to Dec 16 1937, 19

I last saw him alive on Dec 16 1937, 19. Death is said to have occurred on the date stated above, at 12:10 P.M.
The principal cause of death and related causes of importance were as follows:

Scarlet Fever

Date of onset

Other contributory causes of importance:

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?
If so, specify _____

(Signed) M. Herington M.D. M. D.
(Address) Green City Mo.

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