

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

Do not use this space.

1. PLACE OF DEATH

87 County Rolla
 Township Saltriver
 City (No. St. Ward)

Registration District No. 727
 Primary Registration District No. 5959

File No. 3841
 Registered No.

2. FULL NAME Perry Alexander Winders. 536

(a) Residence, No. Perry, Mo. St. Ward.
 (Usual place of abode)

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) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1855.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 2 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FarmenK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Anderson Winders.

14. BIRTHPLACE (CITY OR TOWN) Indiana,
 (STATE OR COUNTRY)

15. MAIDEN NAME Delina Nesebroad.

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

17. INFORMANT Mary Jane Winders.
 (ADDRESS) Perry, Mo.

18. BURIAL
 PLACE Oakland DATE January, 30, 38

19. UNDERTAKER Clyde P. Wilkey.
 (ADDRESS) Perry, Mo.

20. FILED 216 1938 Clyde P. Wilkey.
 Registrar 654

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1937, to Jan 31 1938
 I last saw him alive on Jan 24, 1938 Death is said

to have occurred on the date stated above, at 12:35 A.m.

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

(Flu) Date of onset Jan 6 - 38

Other contributory causes of importance:

Antero-splenitis. unknown

Name of operation none Date of

What test confirmed diagnosis? Physic 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 , 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) John E. Brown M. D.

(Address) Perry

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.

Handwritten: Hilda Brown Sign

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH