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.

REC'D MAR 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County Saline 2 1
Township Blackwater
City ..... (No. ..... St. ..... Ward)

Registration District No. 798
Primary Registration District No. 6042

File No. 8275
Registered No. .....

2. FULL NAME Winnifred Retherford 361
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John E Retherford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7-1860
7. AGE YEARS 77 MONTHS 11 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wouse work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) Dec 1937
11. Total time (years) spent in this occupation Life

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

FATHER
13. NAME Patrick George
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hont Know

MOTHER
15. MAIDEN NAME Nancy Cuomy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hont Know

17. INFORMANT (ADDRESS) J. J. Retherford
J. J. Sweet Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethlehem Cemetery DATE Jany 9 1938

19. UNDERTAKER (ADDRESS) W. C. Westbrook
Houstonia Mo

20. FILED March 10 1938 E L Chiswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany 8 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 2 1938 to Jan 8 1938
I last saw her alive on Jan 2 1938 Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:
Senility

95 B 21

Date of onset

Other contributory causes of importance:
Hypertrophy of Heart and Heart Block — Several years

Name of operation ..... Date of .....
What test confirmed diagnosis? Usual 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 .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) O. K. Edgell, M. D.
(Address) Longwood Mo.

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