

REC'D MAY 19 1938

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

Do not use this space.

15484

1. PLACE OF DEATH

78 County Pennington Registration District No. 1102
 Township Dossola # 2 Primary Registration District No. 25870
 City (No. _____) St. _____ Ward _____

2. FULL NAME

Roy Winberry 516
 (a) Residence, No. Brook City, Mo. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brook City, Mo.

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

MOTHER 15. MAIDEN NAME Alta May Holmes
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT Father Hobbes Winberry
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Winnett DATE April 17, 1938

19. UNDERTAKER Friends & neighbors
 (ADDRESS)

20. FILED 5-9 1938 Mrs F. R. Cole
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to April 16, 1938
 I last saw him alive on April 15, 1938 Death is said to have occurred on the date stated above, at 6:59 a.m.
 The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia
Pertussis

Date of onset

Other contributory causes of importance: 9

Name of operation _____ Date of _____

What test confirmed diagnosis? S.T.T. 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) Asst. Shirey _____, M. D.(Address) Hayti, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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