

DEC 16 1938

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

Do not use this space.

38787

1. PLACE OF DEATH

County Camden
Township Osage
City Hugo (No. _____)

Registration District No. 117
Primary Registration District No. 6767

File No. 30
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Winnie Corral

(a) Residence, No. RFD Hugo 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 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 Tom Corral

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5-1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 4 6

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

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) (STATE OR COUNTRY) Camden Co Missouri

13. NAME Ed Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? ?

15. MAIDEN NAME Mary Parish

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co Mo

17. INFORMANT Tom Corral
(ADDRESS) Hugo Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hugo Cem DATE Nov 12 1938

19. UNDERTAKER Blankson-Woolery
(ADDRESS) Camden Mo

20. FILED 12-6 1938 Lizzie Keller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-4-38, 1938, to 11-11-38, 1938

I last saw him alive on Nov 11 1938 Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Cirrhosis of Liver
Probably Puerperal
Date of onset ?

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? no

If so, specify See Cause

(Signed) Ed Thomas M. D.
(Address) Camden Mo

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X704

RECEIVED

District Health Officer No. 7,

District File Number 7-38549

Date Filed 12-10-38