

RECD JAN 18 1938

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

Do not use this space.

44101

1. PLACE OF DEATH
County Pettis Registration District No. 668
Township Sedalia Primary Registration District No. 3032
City Sedalia (No. 536) St. Mo. Ward 9

2. FULL NAME Mrs. Emma Winters
(a) Residence, No. 621 East 9th St. Mo. Ward 9
(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. (If nonresident, give city or town and State)

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 Henry Winters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>74</u>	<u>8</u>	<u>13</u>	

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Milwaukee, Wis.
(STATE OR COUNTRY)

13. NAME Marquardt

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs. Henry Pfeiffer
(ADDRESS) 621 East 9th, Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE 12/24/38

19. UNDERTAKER Duane Ewing
(ADDRESS) Sedalia, Mo.

20. FILED Dec 23 1938 Mrs. Harry Sneed
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 7th 1938 to Dec 23rd 1938
I last saw him alive on Dec 5th 1938 Death is said to have occurred on the date stated above, at 5:00 m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Myocarditis

Other contributory causes of importance: 121

Name of operation Nope Date of Dec 23rd
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury No
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) Lord Bolling M. D.
(Address) Sedalia, 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.

Dr. Bohling
120 West 5th

Mrs. Winters

RECEIVED
District Health Officer No. 8
District File Number
62/6/11