

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

Do not use this space.

1939 JUN 20 1939

1. PLACE OF DEATH

County Cedar

Township Madison

City 535

(No. 535)

Registration District No. 167

Primary Registration District No. 5233

File No. 18343

Registered No. 18343

St. 18343 Ward 18343

2. FULL NAME

(a) Residence, No.

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

W.C. Winton

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

April 21 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

77

17

OCCUPATION

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

H. W.

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)

Fair Play, Mo.

FATHER

13. NAME

James Hopkins

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

Tenn.

MOTHER

15. MAIDEN NAME

Frances Burnin

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

Springfield, Mo.

17. INFORMANT (ADDRESS)

W.C. Winton
Fair Play, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Hopkins

DATE

May 9 1939

19. UNDERTAKER (ADDRESS)

Butcher Blue-Griffith
Bailey, Mo.

20. FILED

May 22, 1939

B. A. Chuk

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from APR 8 1939, 1939, to May 9 1939, 1939.

I last saw er alive on May 9 1939, 1939. Death is said to have occurred on the date stated above, at 6 P.m.

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

Multiple arthritis chronic

Vascular hypertension

Other contributory causes of importance:

Pulmonary edema

None

Name of operation None Date of None

What test confirmed diagnosis? Clinical 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 #, 1939

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 Chas. H. Brown, M. D.

(Signed)

157 (Address) Fair Play Mo

RECEIVED
District Health Officer No. 7
District File Number 7-35-945-
Date Filed 6-9-39