

MAR 25 1930

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

4321

## 1. PLACE OF DEATH

County Carrollton  
 Township Wakenda  
 City Carrollton (No. 135)

Registration District No. 135  
 Primary Registration District No. 0793

File No. 10  
 Registered No. 10  
 St. Carrollton Ward 10

## 2. FULL NAME

(a) Residence. No. Curry Winfrey 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)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Dora Kinman Winfrey

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

9-25-1871

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

58427

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Carroll Co.Mo

## 10. NAME OF FATHER

Henry Winfrey

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Jenn.

## 12. MAIDEN NAME OF MOTHER

Amanda Johnson

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

## 14.

INFORMANT  
(Address)Mrs Curry Winfrey  
Carrollton Mo

## 15.

FILED

2-22-1930 Mrs E. E. Penham

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21st 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 15th 1930, to Feb 21 1930, that I last saw him alive on Feb 21 1930, and that death occurred, on the date stated above, at 4:50 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Coronary Thrombosis828CONTRIBUTORY  
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OFWAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Charles S. Angus M. D.2/22, 1930 (Address) Carrollton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Oak Hill Cem.2-23 1930

20. UNDERTAKER

ADDRESS

StandleyCarrollton

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.

