1929

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.

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

Do not use this space.

1. PLACE OF DEATH

County Carroll — Registration District No. 135 — File No. 39760

Township Trotter — Primary Registration District No. 5192 — Registered No. 117

City ~~Carrollton~~ (No. .... St. .... Ward)

2. FULL NAME Ed. Winfrey

(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	MEDICAL CERTIFICATE OF DEATH
3. SEX: M · 4. COLOR OR RACE: W · 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married	16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-18 1928
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances O'Neil Winfrey	17. I HEREBY CERTIFY, That I attended deceased from 12-1-28, 19 .., to 12-18 ~~28~~, 1928, that I last saw h him alive on 12-18 ~~28~~, 1928, and that death occurred, on the date stated above, at .... m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-24-1881	THE CAUSE OF DEATH* WAS AS FOLLOWS: Flu Pneumonia
7. AGE: Years 47, Months 7, Days 6; If LESS than 1 day, ... hrs. or ... min.	11A
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	(duration) ... yrs. ... mos. ... ds. CONTRIBUTORY (SECONDARY) 11A (duration) ... yrs. ... mos. ... ds.
9. BIRTHPLACE (CITY OR TOWN) Carroll County (STATE OR COUNTRY) Missouri	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
PARENTS 10. NAME OF FATHER Jas. Winfrey	8 DID AN OPERATION PRECEDE DEATH? .... DATE OF ....
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Carroll Co. (STATE OR COUNTRY) Mo	WAS THERE AN AUTOPSY? .... WHAT TEST CONFIRMED DIAGNOSIS? ....
12. MAIDEN NAME OF MOTHER Susan Adkins	(Signed) R M Benson, M.D
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Carroll Co. (STATE OR COUNTRY) Mo	12-18, 1928 (Address) Carrollton Mo
14. INFORMANT Mrs Ed Winfrey (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.
15. FILED 12-18, 1928 Mrs E E Farnham REGISTRAR	19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Adkins Cem. DATE OF BURIAL: 12-20 1928
	20. UNDERTAKER: Milton Standley ADDRESS: Carrollton Mo