

REC'D JUN 20 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

1.8278

## 1. PLACE OF DEATH

County CarrollTownship BridgeCity Bosworth Mo. (No. 516)Registration District No. 134Primary Registration District No. 4075

File No. ....

Registered No. 13

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. ....

(Usual place of abode)

St. ....

Ward. ....

(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

Male

## 4. COLOR OR RACE

white

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

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

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

Oct 2, 1857

## 7. AGE

YEARS

81

MONTHS

7

DAYS

3

If LESS than 1 day, .... hrs. or .... min.

## OCCUPATION

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

Retired Farmer

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)

Bosworth Mo.

## FATHER

13. NAME Rufus Winsley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kenn

## MOTHER

15. MAIDEN NAME Frank16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

## 17. INFORMANT (ADDRESS)

Mrs James Noble Bosworth Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Wharton Cemetery DATE May 7 1939

## 19. UNDERTAKER (ADDRESS)

David J. Edwards Bosworth Mo.20. FILED May 6 1939 Mrs. A. G. Brown Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1939

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1936 to May 5, 1939I last saw him alive on May 5 1939 Death is saidto have occurred on the date stated above, at 2:30 P.M.

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

Chronic Myocarditis

Other contributory causes of importance:

Name of operation Chloroform Date of 7/20What test confirmed diagnosis? Chloroform 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 .....

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 .....

(Signed) W. T. Brown M. D.(Address) Bosworth Mo

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6/2/39