

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

Do not use this space.

22541

1. PLACE OF DEATH

County Carroll Registration District No. 134
Township Madge Primary Registration District No. 4075
City Bosworth, (No. _____, St. _____, Ward _____)

File No. _____
Registered No. 8

2. FULL NAME Mrs Hannah 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

3. SEX <u>F.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Winfrey</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8th 1875</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>58</u>	<u>2</u>	<u>16</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>			
	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) <u>Virginia City Nevada</u>				
FATHER	13. NAME <u>Thos Frook</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
MOTHER	15. MAIDEN NAME <u>Kathren Neichter</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Charles Winfrey</u> (ADDRESS) <u>Bosworth MO.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elizabeth</u> DATE <u>7-28</u> 19 <u>33</u>				
19. UNDERTAKER <u>Lucie Leonard</u> (ADDRESS) <u>1305 W. 2nd MO.</u>				
20. FILED <u>July 25, 1933</u> <u>Mrs. Bow Brain</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1931 to July 24 1933
I last saw her alive on July 24 1933 Death is said to have occurred on the date stated above, at 12 A. m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lung.
23A
24A
Other contributory causes of importance:
Tuberculosis of Brain

Name of operation _____ Date of _____
What test confirmed diagnosis? Chined 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 _____, 19____
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) asst. Reg. Brain M. D.
(Address) Bosworth MO.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 22 1933

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