

DEC 13 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County CarrollTownship CarrolltonCity Carrollton (No. ....)Registration District No. 135Primary Registration District No. 3010File No. 38762Registered No. 104

St. .... Ward)

2. FULL NAME John Winfrey

(a) Residence, No. .... St. .... Ward.

(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Georgia McKinsy6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min. About 65 yrs.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

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) Unknown

13. NAME

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

15. MAIDEN NAME Jane Collins16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Lewis McKinsy18. BURIAL, CREMATION, OR REMOVAL PLACE A. Oak Hill DATE 11-17-3419. UNDERTAKER (ADDRESS) Carrollton, Mo.20. FILED 11-17 19 34 Arthur Haskins Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 19 3422. I HEREBY CERTIFY, That I attended deceased from Oct 1st 19 34 to Nov. 10th 19 34I last saw him alive on Nov 10th 19 34. Death is said to have occurred on the date stated above, at 2:00 P. m.

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

Coronary Insufficiency Date of onset131  
955 131

Other contributory causes of importance:

Chronic Respiriti

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) William E. Atwood, M. D.(Address) Carrollton, Mo.

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.

