JAN 18 1937

Do not use this space.

44048

1. PLACE OF DEATH

County _Carroll_

Township _Sugartree_

City _____ (No. _____ St. _____ Ward)

Registration District No. _135_

Primary Registration District No. _5191_

File No. _____

Registered No. _119_

2. FULL NAME _Lillie Clark 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 _Fe_

4. COLOR OR RACE _W_

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _J. W. Winfrey_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _12-5-1864_

7. AGE YEARS _72_ MONTHS _0_ DAYS _4_ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) _Tenn_

FATHER

13. NAME _Wm F. Clark_

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

MOTHER

15. MAIDEN NAME _Elizabeth Harlason_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Tenn_

17. INFORMANT _Mrs. Wm Darby_ (ADDRESS) _Norborne, Mo._

18. BURIAL, CREMATION, OR REMOVAL PLACE _Gilead Cem_ DATE _12-11-36_

19. UNDERTAKER _Stansley_ (ADDRESS) _Carrollton, Mo._

20. FILED _12-11-36_ _Ruth Haskins_ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Dec, 9, 1936_

22. I HEREBY CERTIFY, That I attended deceased from _July 2, 1932_ to _Dec 7, 1936_

I last saw him alive on _Dec, 7, 1936_ Death is said to have occurred on the date stated above, at _8=30_ P. m.

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

Mitral Insufficiency

Date of onset _____

Other contributory causes of importance:

Cerebral Hemorrhage

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) _Hamilton Stater_ M. D.

(Address) _Hamilton, Mo._