

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.

SEP 17 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

25404

1. PLACE OF DEATH

County Linn
 Township Grand River
 City Hale, Mo., R. 1 (No. _____)

Registration District No. 1076
 Primary Registration District No. 5680

File No. 9
 Registered No. 9
 St. _____ Ward _____

2. FULL NAME

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. R. Winney
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1885
 7. AGE YEARS 48 MONTHS — DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Virginia13. NAME James Winney14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.15. MAIDEN NAME R. Pennington16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.17. INFORMANT (ADDRESS) Carl Winney18. BURIAL, CREMATION, OR REMOVAL PLACE Hale, Mo. DATE Aug 1, 193419. UNDERTAKER (ADDRESS) Wm. E. Sletor20. FILED Aug 1, 1934 Mrs. Chas. Ludwig Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 193422. I HEREBY CERTIFY That attended deceased from July 31, 1934 to July 24, 1934I last saw him alive on July 24, 1934 Death is saidto have occurred on the date stated above, at 3:00 P. m.

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

Carcinoma of Stomach Date of onset _____40 B (Cancer)Other contributory causes of importance: 46

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) J. L. Bonaparte D.O.(Address) Hale, Mo.

