

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

Do not use this space.

12661

1. PLACE OF DEATH

County Jackson Registration District No. 899
Township Raw Primary Registration District No. 101
City Kansas City (No. Gen Hosp #2)

File No. _____
Registered No. 1000
St. _____ (Ward)

2. FULL NAME

George Winfrey
(a) Residence, No. 6011 Harrison St. Ward. 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 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 colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-8-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
57 | 9 | 5

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 215

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) Carrollton Mo

13. NAME Joe Winfrey

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Record Clerk
(ADDRESS) Gen Hosp #2

18. BURIAL, CREMATION, OR REMOVAL PLACE West Lawn Cem DATE Apr 18 1932

19. UNDERTAKER West Appleton & Jones
(ADDRESS) 1600 E 119th St

20. FILED 4-15-32 1932 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-9-1932 to 4-13-1932

I last saw him alive on 4-13-1932 Death is said to have occurred on the date stated above, at 12:10 m.

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

myocardial insufficiency
adhesive pericarditis
Other contributory causes of importance: 101 11 1

Name of operation _____ Date of _____
What test confirmed diagnosis autopsy Was there an autopsy? yes

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?
If so, specify _____

(Signed) W. M. Muller, M. D.
(Address) Gen Hosp #2

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.

WRITE PLAINLY, WITH CAPS AND UNDERSCORES

