

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

Do not use this space.

1. PLACE OF DEATH

94 County St. Francois Registration District No. 273 File No. 3952
 Township St. Francois Primary Registration District No. 6018A Registered No. 9
 City Farmington (No. _____, St. _____, Ward _____)

2. FULL NAME

Ben Winford 516

(a) Residence, No. Oak Ridge, Mo., R.#2 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ophelia Winford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 ? ?

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) Nashville
 (STATE OR COUNTRY) Tennessee

13. NAME Will Winford

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

15. MAIDEN NAME Mary Anderson

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

17. INFORMANT State Hospital No. 4 Records
 (ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hospital Cemetery DATE 1-7-38

19. UNDERTAKER Weidert Undertaking Co.
 (ADDRESS) Farmington, Missouri

20. FILED Jan 7 1938 R. S. Jarr
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1937, to Jan 5, 1938

I last saw him alive on Jan 5, 1938. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Generalized arteriosclerosis

Date of onset

Other contributory causes of importance:

Chronic myocarditis and Terminal Bronchopneumonia with advanced emb. mital change

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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?
 If so, specify _____

(Signed) R. S. Jarr, M. D.

(Address) State Hosp. #4, Farmington, 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.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH