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.

DEC'D FEB 23 1939

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

Do not use this space.

1. PLACE OF DEATH
County Howard
Township Chariton
City Glasgow (No. ..... St. ..... Ward)

Registration District No. 379
Primary Registration District No. 4223

File No. 2485
Registered No. .....

2. FULL NAME Winifred Harrison Wilhoit
(a) Residence, No. 520 5th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred About 50 yrs. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John P. Wilhoit

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-10-1869

7. AGE: 69 YEARS, MONTHS: 4, DAYS: 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Marshall, Mo.

FATHER
13. NAME David Vance Harrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME Mary Hicks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mary McAtee

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Cemetery DATE Jan 20 1939

19. UNDERTAKER (ADDRESS) Hillen & Fremonth Glasgow Mo.

20. FILED 9-19 1939 J. W. Gardner M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1938, to 9-18, 1939
I last saw her alive on 9-18, 1939 Death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastasis of Carcinoma of Sigmoid Colon	1934

46

Other contributory causes of importance: Chronic Nephritis

Name of operation Resection Sigmoid Date of 1934
What test confirmed diagnosis? Biopsy 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? No
If so, specify .....
(Signed) J. W. Gardner, M. D.
(Address) Glasgow Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2/8/39

8 11 69

18 69 - 10

1939 1 18