

REC'D MAR 10 1939

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

Do not use this space.

6081

## 1. PLACE OF DEATH

County CallawayTownship Cole (last lesson)

City (No. ....) St. .... Ward)

Registration District No. 105Primary Registration District No. 5161

File No. ....

Registered No. 7

## 2. FULL NAME

(a) Residence, No. Jeffetta, Mo 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word)

Female White Widowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

David J. Winsett

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 5, 1857

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

81 11 4

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. (retired)

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Callaway Co. (STATE OR COUNTRY) Missouri

13. NAME Wm J Mosley

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

15. MAIDEN NAME Frances Fitchugh

16. BIRTHPLACE (CITY OR TOWN) Pike Co (STATE OR COUNTRY) Missouri

17. INFORMANT Myrtle Blackmore (ADDRESS) Jeffetta Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Middle River DATE Feb 11 1939

19. UNDERTAKER Glen Y. Mansion (ADDRESS) 700 Court St. Fulton Mo

20. FILED 7/11 1939 W.H. Williamson Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1938, to Feb. 9, 1939

I last saw her alive on Feb. 5, 1939. Death is said

to have occurred on the date stated above, at 7:00 a.m.

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

Endocarditis + Senility Date of onset yrs - 121

Other contributory causes of importance:

Chronic Nephritis

Name of operation Date of

What test confirmed diagnosis phy. 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) W.H. Williamson, M. D.

(Address) 1215 E. Ave, L.L.O.

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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.

