

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

Do not use this space.

**24450**

**1. PLACE OF DEATH**

County Carroll  
Township \_\_\_\_\_  
City Carrollton (No. \_\_\_\_\_)

Registration District No. 135  
Primary Registration District No. 3010

File No. \_\_\_\_\_  
Registered No. 71  
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 F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-21-1871

7. AGE YEARS 59 MONTHS 7 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Carroll Co. Mo.  
(STATE OR COUNTRY)

13. NAME Gas. M. Kinnear

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

15. MAIDEN NAME Mary A. Young

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

17. INFORMANT Dave Kinnear  
(ADDRESS) Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hillem DATE 7-12 1931

19. UNDERTAKER Stanley  
(ADDRESS) Carrollton Mo.

20. FILED 7-11 1931 Mrs E. E. Farham  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10<sup>th</sup> 1931

22. I HEREBY CERTIFY, That I attended deceased from July 9<sup>th</sup> 1931, to July 10<sup>th</sup> 1931  
I last saw him alive on July 10<sup>th</sup> 1931. Death is said to have occurred on the date stated above, at 11:45 A.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
92 A 820  
Other contributory causes of importance: \_\_\_\_\_

Date of onset 7/9-31

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) Charles S. Austin, M. D.  
(Address) Carrollton Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 25 1931

