

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

Do not use this space.

1222

**1. PLACE OF DEATH**

County Jackson Registration District No. 302  
 Townshp. Home Primary Registration District No. B 1364  
 City K.C. Mo. (No. 3923 College, Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
 Registered No. 192

**2. FULL NAME**

(a) Residence, No. 3923 College 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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. E. Douglas (1879)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Fields - 1878

7. AGE YEARS 54 MONTHS 11 DAYS 9 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) (STATE OR COUNTRY) mo

13. NAME J. E. Winefrenner

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

15. MAIDEN NAME Mary Stone

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

17. INFORMANT W. E. McChelland

18. BURIAL, CREMATION, OR REMOVAL PLACE Clayton, Mo. DATE June 34

19. UNDERTAKER Mrs. C. E. Foster

20. FILED Jan 15 1934 M. M. Croshaw Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 15 - 1934

22. I HEREBY CERTIFY That I attended deceased from January 14, 1934 to January 14, 1934  
 I last saw h. alive on January 14, 1934 Death is said to have occurred on the date stated above, at 3923 College, Mo.  
 The principal cause of death and related causes of importance were as follows:

Cardiac Failure Date of onset 1-14-34  
Acute dilatation 1-14-34  
Pulmonary embolism 1-14-34  
Infected embolism 1-5-38

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) Walter Hamilton Miller M. D.  
 (Address) J. 306 Bryant Bldg - K.C. 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.

May 5045

was in prison  
13 of 22 years  
Maryland  
J. P. M. to the  
61. Va 92 33 0