

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

26883

29883

1. PLACE OF DEATH

County Gasco
Towship Gasconade
City Gasconade (No. 1)

Registration District No. 306
Primary Registration District No. 5422

File No. _____
Registered No. 27
St. _____ Ward _____

2. FULL NAME

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

Female White Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 3 - 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 30 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Quincyville Mo
(STATE OR COUNTRY)

10. NAME OF FATHER William F Winter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Drake Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lidia M Dehu

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nichy Mo
(STATE OR COUNTRY)

14. INFORMANT William F Winter
(Address) Quincyville Mo

15. FILED 9-8-23 J. J. Ferrell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 9 1923

17. I HEREBY CERTIFY, That I attended deceased from Sept 3 to Sept 3, 1923, that I last saw her alive on Sept 3, 1923, and that death occurred, on the date stated above, at 12:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. J. Ferrell, M. D.

Sept 3 1923 (Address) Quincyville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER Herman Koch

Sept 4 1923
ADDRESS Quincyville 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.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.