

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

Do not use this space.

1. PLACE OF DEATH

County Rushannon

Registration District No. 85

File No. 29625

Township St. Joseph Mo

Primary Registration District No. 1001

Registered No. 1083

City St. Joseph Mo (No.) St. Ward)

2. FULL NAME

Laura Winn

(a) Residence. No. 15-11 Bartlette St., Ward.

(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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) (about) 8-7-79

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 48 12 15 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Malden, Mass. (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER Ella J. Howard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Mr. Walter Winn (Address) 15-11 Bartlette

15. FILED 52 19 100 John G. Wh REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 24 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1927, to Oct 22, 1927. that I last saw h. s. alive on Oct 22, 1927 and that death occurred, on the date stated above, at 120 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Renal tubules with abscess in Douglas' Cul de Sac
1395 (duration) yrs. mos. 3 ds.

CONTRIBUTORY: Prostatitis - General (SECONDARY) (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 22/27 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS. Autopsy (Signed) Wm. E. Dean, M. D. (Address) St. Joseph 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL Belmont Cem 10/25 1927

20. UNDERTAKER ADDRESS BB Graves 1309 N 4th

N. R.—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 15 1947

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