

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

Do not use this space.

9433

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. 2002
 Township Franklin Primary Registration District No. 131 Registered No. 131
 City Joplin (No. 411) St. Mo. (Ward)

2. FULL NAME

Antoinette Winters
 (a) Residence. No. 1 St. 1 Ward. 1 (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 17 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 3 25

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ill

PARENTS

10. NAME OF FATHER Stephen Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
No record

12. MAIDEN NAME OF MOTHER Mary Sweet

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

14. INFORMANT (Address)
Olivia Hewitt
Joplin, Mo.

15. FILED 3 1928 H. W. Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12 1928

17. I HEREBY CERTIFY, That I attended deceased from 1928 to 1928 that I last saw deceased Feb 13 1928, and that death occurred, on the date stated above, at 12-5-22 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Unknown - probably
cardio renal disease
 CONTRIBUTORY (SECONDARY) J. B.

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

8 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? P. M. Starnock, M. D.

(Signed) 3/13, 1928 (Address) Wab City, Co. 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 Forest Park DATE OF BURIAL 2-13-1928

20. UNDERTAKER Wendell Underwood ADDRESS Joplin, 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.

1928

