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

Do not use this space.

5304

1. PLACE OF DEATH

County ADAIR — Registration District No. 4 — File No.

Township — Primary Registration District No. 3001 — Registered No. 31

City KIRKSVILLE MO (No. LAUGHLYN HOSPITAL St. Ward)

2. FULL NAME MRS MARY N WINTER,

(a) Residence. No. BOON IOWA, St., Ward. (If nonresident give city or town and State)
(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.

MAR 1 1929

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
FEMALE	WHITE	WIDOWED,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JUNE 1 . 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
66	8	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSE KEEPER,
(b) General nature of industry, business, or establishment in which employed (or employer) SELF
(c) Name of employer SELF

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) LINVILLE IOWA,

PARENTS

10. NAME OF FATHER I NEDROW

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

12. MAIDEN NAME OF MOTHER NANCY ANKENY

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

14. INFORMANT Fern Winter
(Address) BOONE IOWA, 1703 Monroe

15. FILED 3/13, 1929 C H Becker Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1929, to Feb 5, 1929 that I last saw her alive on Feb 5, 1929, and that death occurred, on the date stated above, at 6 a m.

46c THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Colon
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

45

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 24
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Geo M Laughlin M.D.
, 19 (Address) Kirksville 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
Boon Iowa	2/5 1929
20. UNDERTAKER Elsie & Lorand	ADDRESS Boon Iowa

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.

1929- 2 5
1862- 6-1
66-8-4