AUG 23 1929

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

Do not use this space.

24252

File No. .....

Registered No. .....

1. PLACE OF DEATH

County Hunterdon — Registration District No. 288

Township Independence — Primary Registration District No. 4172

City Kennett (No. ....., ... St. ..... Ward)

2. FULL NAME Ruby Mae Winchester

(a) Residence. No. ..... 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: F

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 12 - 1928

7. AGE — YEARS: — MONTHS: 9 — DAYS: 28 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Kennett, Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Chas. Winchester

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

12. MAIDEN NAME OF MOTHER Nettie Dont Know

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

14. INFORMANT C. G. Gattis
(Address) Kennett, Mo

15. FILED 7/12, 1929 Wheeler Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10th 1929

17. I HEREBY CERTIFY, That I attended deceased from July 8, 1929, to July 8, 1929, that I last saw him alive on July 8, 1929, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Inter Colitis

34

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Lues - Congenital

(duration) ..... yrs. ..... mos. ..... ds.

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

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) [illegible], M. D

, 19 (Address) Kennett 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: Hazel

DATE OF BURIAL: 7/11 1929

20. UNDERTAKER: Baldwin Furn. Co.

ADDRESS: Kennett 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.

35 8 4 1 31

THIS IS A PERMANENT RECORD