

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

Do not use this space.

2000
24571

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

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Ray Primary Registration District No. 1002
City Missouri City No. 2539 Bales

2. FULL NAME

(a) Residence. No. 2539 Bales St. 14 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 wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16, 1977

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 4 22

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) (STATE OR COUNTRY) Detroit Mich.

10. NAME OF FATHER Mather Winstead

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Wm. M. Oswald
(Address) 2539 Bales

15. FILED 7/8, 29 M M Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8, 1929

17. I HEREBY CERTIFY, That I attended deceased from 6-22-29 to 7-8-29 that I last saw her alive on 6-22-29, and that death occurred, on the date stated above, at 2:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
VBAF

CONTRIBUTORY (SECONDARY) Flu in Feb 1929, (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physician's report

(Signed) R. R. Braden M. D.

July 8, 1929 (Address) 1115 Grand, K.C., 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 West Hill DATE OF BURIAL 7-11 1929

20. UNDERTAKER St. Newcomer's South-City ADDRESS

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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Mr H S P...
Vic 3925

815 & ...

Vic 3925

10-12; 2-4; 30