

SEP 26 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

27515

Do not use this space.

1. PLACE OF DEATH

County PettisRegistration District No. 668Township SedaliaPrimary Registration District No. 3032City Sedalia

(No. _____)

File No. _____

Registered No. 207

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 310 N Broadway 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. 1

mos. _____

ds. _____

How long in U.S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

col

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

married

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

Emma Winn6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

About 67

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Labor

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

X

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Columbia Boone Co. Mo

10. NAME OF FATHER

Joe Winn

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14.

INFORMANT

(Address)

Emma Winn 310 N Broadway

15.

FILED

8-15-30J. L. Love

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-13-1930

17.

I HEREBY CERTIFY, That I attended deceased from 2-11-1930 to 8-13-1930 that I last saw him alive on 8-13-1930, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilatation of heart
131
95B (duration) _____

CONTRIBUTORY (SECONDARY)

Chronic Interstitial Nephritis (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

9 DID AN OPERATION PRECEDE DEATH?

DATE OF _____

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

A. R. Maddox M. D.

, 19 _____

(Address)

116 1/2 W. Main

*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

Sedalia ColumbiaAug 14 1930

20. UNDERTAKER

ADDRESS

F. H. FergusonSedalia

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

