DEC 20 1930

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

Do not use this space.

35422

File No.

Registered No. 1245

1. PLACE OF DEATH

County Buchanan — Registration District No. 35

Township — Primary Registration District No. 1001

City St Joseph (No. St Joseph's Hospital St. Ward)

2. FULL NAME Lenota Ruth Winscott

(a) Residence. No. 3430 Monterey 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 W

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 11 1906

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
24	9	6	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Whitesville Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Horace M. Hurt

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

12. MAIDEN NAME OF MOTHER Mammie Manning

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

14. INFORMANT W. C. Winscott
(Address) 3430 Monterey

15. FILED NOV 1 9 1930 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1930, to Nov. 17, 1930 that I last saw her alive on Nov. 16, 1930, and that death occurred, on the date stated above, at 11:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23E

24E

108 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Tubercular Meningitis + Pneumonia Sobar (duration) yrs. mos 15 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Lab + Physical

(Signed) H. G. Thompson Jr. M. D.

11/18, 1930 (Address) 825 Charles - St Joseph 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 Ashland

DATE OF BURIAL Nov 19 1930

20. UNDERTAKER Fleeman Funeral Home

ADDRESS 1946 Colhoun

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.