

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

Do not use this space.

20556

1. PLACE OF DEATH

County Boone

Registration District No. 79

File No. 18

Township Burbon

Primary Registration District No. 5116

Registered No. _____

City Sturgeon (No. _____)

St. _____ Ward _____

2. FULL NAME

Hella Ridgway Winner

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF B. F. Winner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febry-1-1890

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>41</u>	<u>4</u>	<u>24</u>		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Missouri

10. NAME OF FATHER M. Ridgway

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

12. MAIDEN NAME OF MOTHER Lee Forest Clayton

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

14. INFORMANT Mrs. Oscar Roberts (Address) Centralia, Mo

15. FILED 6/27/31 E. N. Gentry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25, 1931

17. I HEREBY CERTIFY, That I attended deceased from: May 2, 1931, to June 9, 1931, that I last saw h. e. y. alive on June 9, 1931, and that death occurred, on the date stated above, at 4:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma generalized of abdomen
which started as carcinoma of sigmoid
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) H. C. C. (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Sturgeon, Mo.

3 DID AN OPERATION PRECEDE DEATH Yes DATE OF Sept., 1929

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS (Signed) P. D. Streeton, M. D.

June 15, 1931 (Address) Moberly, 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 Red Top Cem, DATE OF BURIAL June 27, 1931

20. UNDERTAKER Barner Furniture & Co ADDRESS Sturgeon, 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.

JUL 22 1931

