

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

Do not use this space.

132

1. PLACE OF DEATH  
 10 County Boone Registration District No. 73  
 3 Township ..... Primary Registration District No. 3006  
 8 City Columbia (No. .... St. .... Ward) .....

2. FULL NAME Miss Mary Winston  
 (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. 2 mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

File No. ....  
 Registered No. ~~277~~ No. 2 .....

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 4 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chambersburg No 1

13. NAME Thomas B Winston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Va 2

15. MAIDEN NAME Maria Louisa Nelson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn

17. INFORMANT Mrs Sharron Memphis  
 (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis Tenn 1-7-32

19. UNDERTAKER H. G. Willett  
 (ADDRESS) Columbia, Mo.

20. FILED 1-5- 1932 F. Suggs  
 Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1932, to JAN 5, 1932  
 I last saw her alive on JAN 5, 1932. Death is said to have occurred on the date stated above, at 11 a.m.  
 The principal cause of death and related causes of importance were as follows:

Adrenal insufficiency  
Degenerative disease of Central Nervous System  
Cardiac insufficiency

Other contributory causes of importance:  
Hyperparathyroidism  
vs. thyroidism

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....

(Signed) J. B. Dorn, M. D.  
 (Address) Nox Hospital, Columbia

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1932

