

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.

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

Do not use this space.

1. PLACE OF DEATH

County JACKSON Registration District No. 399 File No. 1791  
Township KAW Primary Registration District No. 4008 Registered No. 521  
City KANSAS CITY (No. 4330-BELLEFONTAINE) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME MISS LOUELLA LOU WINCH

(a) Residence, No. 4330-BELLEFONTAINE 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 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER 2-1925

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>7</u>	<u>4</u>	<u>28</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SANFORD BLADD SCHOOL

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

12. BIRTHPLACE (CITY OR TOWN) KANSAS CITY  
(STATE OR COUNTRY) KANSAS

13. NAME EVERTT WINCH

14. BIRTHPLACE (CITY OR TOWN) IOWA  
(STATE OR COUNTRY)

15. MAIDEN NAME RUBY A. WILSON

16. BIRTHPLACE (CITY OR TOWN) MISSOURI  
(STATE OR COUNTRY)

17. INFORMANT MR. EVERTT WINCH  
(ADDRESS) 4330-BELLEFONTAINE AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE JANUARY 31, 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS  
(ADDRESS) 2111-EAST-9TH ST.

20. FILED Jan 31, 1933 M. M. Crowe  
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY-30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1933, to Jan 30, 1933  
I last saw her alive on Jan 30, 1933. Death is said

to have occurred on the date stated above, at 6:10 A.M.  
The principal cause of death and related causes of importance were as follows:

Tetanus  
22  
10/4  
1/2

Other contributory causes of importance:  
Blanketstridge wound of left hand

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Observation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury Jan 13, 1933

Where did injury occur? Kansas City, Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
In home

Manner of injury Blank cartridge fired into palm of left hand.  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) Charles Jeldridge M. D.  
(Address) 6247 Brookside Blvd. Kansas City, Mo.

Date of onset  
Jan 27, 1933  
Jan 13, 1933

Dr. Charles J. Ledge  
6247 Brookside Blvd  
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