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.

31975

1. PLACE OF DEATH

County Texas — Registration District No. 865 — File No.

Township Cass No. 2 — Primary Registration District No. 6143 — Registered No. 21

City Simmons Mo. (No. , St. Ward)

2. FULL NAME Mary C. Winch

(a) Residence, No. (Usual place of abode) St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W. M. Winch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): ~~Dec.~~ Feb. 9, 1855

7. AGE: YEARS 78 — MONTHS 6 — DAYS 14 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa.

FATHER

13. NAME: William Ellison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Sarah Swope

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): W. M. Winch, Simmons Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cabool Cemetery DATE Sept. 25 1933

19. UNDERTAKER (ADDRESS): Gaylord V. Elliott, Cabool Mo.

20. FILED Sept 28 1933 Myrtle Orr, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1933 to Sept 23, 1933

I last saw her alive on Sept 10th, 1933. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bancer of Stomach

End bowels

46B

46C

46

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? —

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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. P. Hubbard, M. D.

(Address) Cabool Mo

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