

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 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County *Pettis*
Township *Bluewater*
City (No. _____) _____

Registration District No. *112*
Primary Registration District No. *5286*

File No. *21426*
Registered No. *7* _____ Ward) _____

2. FULL NAME

(a) Residence No. *Lamarit mo* *REED* St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred *1* yrs. *3* mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Child*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 9-1933*
7. AGE YEARS *1* MONTHS *3* DAYS *17* IF LESS than 1 day, _____ hrs. or _____ min.
8. TRADE, PROFESSION, OR PARTICULAR kind of work done, as spinner, sawyer, bookkeeper, etc. *child at home*
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) _____ 11. TOTAL TIME (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pettis Co mo*
13. NAME *William Dean Winston*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pettis Co mo*
15. MAIDEN NAME *Leona Isabelle Johnson*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Benton Co mo*

17. INFORMANT *Mrs Maude Johnson*
(ADDRESS) *Sweet Springs mo*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Black Water Chapel* DATE *June 28 1934*
19. UNDERTAKER *Jesse Starnes*
(ADDRESS) *Sweet Springs mo*
20. FILED *June 27 1934* *Blocke S. Taylor* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-26* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *6-26* 19*34*, to *6-26* 19*34*.
I last saw him alive on *6-26* 19*34*. Death is said to have occurred on the date stated above, at *5:30* p.m.
The principal cause of death and related causes of importance were as follows:
Arsenic poisoning (accidental by misreading)
1797
Other contributory causes of importance: *MA*

Name of operation *none* Date of _____
What test confirmed diagnosis? *✓* 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 *6-26* 19*34*
Where did injury occur? *home* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *oral by poison*
Nature of injury _____

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

(Signed) *W. B. Taylor* M. D.
(Address) *Black Water mo*

